

# C+D

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news+education+tools for the pharmacy community

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26 July 2008

The new  
RPSGB  
president

## WHY I TOOK THE JOB

See page 14

● Time to get  
tough on  
branded  
generics  
See page 5

● An A-Z guide  
to beating  
prescription  
switches  
See page 10

● CPD: family  
disorders  
See page 16

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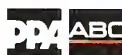
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## Comment from the Editor

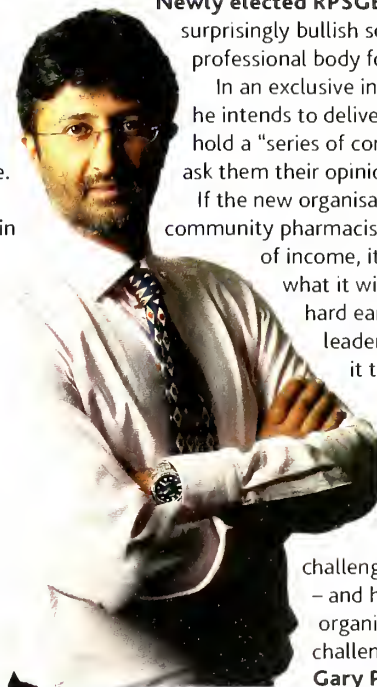
**After the high expectations produced by the recent pharmacy white paper, two news stories this week provide a reality check of life at the coalface.**

Thursday saw the publication of the Auditor General of Wales's review of the new home oxygen service in Wales (p5). Unsurprisingly, it makes pretty uncomfortable reading for the scheme's architects. A tripling of the estimated cost, inadequate contingency planning, and a failure to deliver the intended clinical benefits give a flavour of the Auditor General's findings.

From pharmacy's perspective, the findings were never in doubt – a highly responsive and patient-friendly local service should not have been dismissed so lightly. That patients can no longer choose their oxygen provider and that pharmacy has lost an income stream does not stack up as an improvement on the previous service.

Elsewhere, the problems caused by changes to the pharmaceutical supply chain have again been highlighted by PSNC (p5). Issues such as branded generics, stock shortages, quotas and dispensing at a loss will be all too familiar to contractors.

It's more than just irritating that while community pharmacy is looking to embrace new services and ideas with enthusiasm, there are still fundamental concerns. It is unacceptable pharmacists can't get immediate access to all medicines, unacceptable they ever have to dispense at a loss, and it is unacceptable they cannot get a full breakdown of their NHS dispensing income.



**Newly elected RPSGB president Steve Churton is surprisingly bullish so early on about leaving a professional body for pharmacists as his legacy.**

In an exclusive interview (p14), he describes how he intends to deliver on his promise and vows to hold a "series of conversations with members to ask them their opinions".

If the new organisation wants support from community pharmacists, potentially its largest source of income, it will need to be explicit about what it will offer in return for members' hard earned cash. Professional leadership sounds great but how will it translate into action when pharmacists need support – whether for a professional, business or contractual issue? With his community pharmacy background, the president is all too aware of the challenges faced by those in this sector – and hopefully his legacy will be an organisation that understands those challenges too.

**Gary Paragpuri, Editor**

## Contents

### News

- Transcom's services plan fails to impress **4**
- DH told to tackle branded generics threat **5**
- EPS chief: contractors must try harder **6**
- Drug offender struck off **8**
- Guide to avoiding prescription switches **10**

### Opinion

- Letters **11**
- Xrayser and Locum at Large **12**

### CPD

- Update: Pituitary problems **16**
- Practical Approach: Foot ulcers **19**

### Product News

**21**

### Features

- RPSGB boss Steve Churton – the task ahead **14**
- Language – serving non-English speakers **24**

### Classified & Recruitment

**26**

### Postscript

**30**

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# Transcom's planned services fail to impress

Pharmacists unconvinced about options put forward for new professional body

Zoe Smeaton

**The member services being** considered for the new pharmacy professional body will not persuade many pharmacists to sign up, industry representatives have predicted.

The steering group for the new body has proposed including advice on dealing with inspections from the General Pharmaceutical Council as part of its remit.

The comments came at the first meeting of the transitional committee (Transcom), which has been charged with delivering a new professional body.

Contractors contacted by C+D were unconvinced by the proposals.

Hiten Patel, a community pharmacist and managing director of PharmaPlus, said although the advice could be useful, pharmacists might not be willing to pay for it.

John Murphy, director of the Pharmacists' Defence Association, said the success of such a service would depend on "how well they can dissociate the brand with the current regime", which left some pharmacists "terrified".

And Prakash Mahtani, of Warwick Pharmacy in Victoria, said



RPSGB president Steve Churton believes Transcom can deliver a viable professional body. Read his exclusive interview on p14

of the professional body: "If it's not mandatory I won't join it... there's enough support out there already."

Nigel Clarke, Transcom chairman, said the committee was currently considering lots of ideas. He said as no two pharmacists were going to have the same requirements there needed to be a "variety of different things available."

The committee has set up a series of working parties to look at the various options. Another suggestion for the new body was to provide a mentoring system and educational support with CPD.

Steve Churton, RPSGB president, commented: "I'm really pleased to have Nigel Clarke on board in terms of the Transcom... I think between Nigel, Jeremy [Holmes, RPSGB CEO] and I, we will make this happen."

Transcom is hoping to engage with Society members through a series of roadshows, and will encourage pharmacists to post their views on the Transcom website, which will feature podcasts and blogs.

Transcom will meet next on August 7.



## Time pressures

**The transitional committee** faces a race against time to ensure the prospectus for the new professional body is in place by this autumn, insiders have warned.

Transcom will spend just over 20 hours, split into four meetings deciding what the new professional body should look like before Council votes on proposals in the autumn.

David Taylor, professor of pharmaceutical and public health policy at the University of London, who is policy adviser to the committee, said: "There's a limited timescale and everything's going to have to be done quickly."

He warned the committee could not go on producing lists of options, and said: "The nettle has to be grasped at some point."

But he added that individual working groups would do the lion's share of the work, which would be fed back into the main meetings. **RF**

The new RPSGB president speaks out on page 14

# White paper comes under fire from MPs

**MPs have attacked the pharmacy** white paper this week over plans to ban GPs from dispensing within a set distance from pharmacies. The government had failed to understand the needs of rural areas, one minister said.

David Heath, MP for Somerton & Frome, called for a debate on the white paper, saying it contained "a proposal that would devastate rural GP practices that dispense".

He asked whether the proposals were "another example of the government simply not understanding the needs of rural areas".

Harriet Harman, leader of the House of Commons, agreed to discuss the issue with health

secretary Alan Johnson.

The white paper includes proposals to change the control of entry regulations governing dispensing GP practices.

Romsey MP Sandra Gidley has previously called on the pharmacy profession to make its voice heard on this matter. She praised the tactics used by one retired pharmacist, Maurice Jackson, from Somerset, who has written to his local paper and to the pharmacy minister Dawn Primarolo to express his views on the issue.

Alastair Buxton, head of NHS services at PSNC, reminded contractors that dispensing doctors were lobbying to keep the status quo. **ZS**

**School's out for summer:** The first group of students to complete the Master of Pharmacy degree at the Medway School of Pharmacy celebrate graduation at a ceremony in Chatham last week. The school, which is a joint project between the universities of Greenwich and Kent, achieved its final RPSGB accreditation in June this year. Meanwhile, the University of Wolverhampton has appealed against the Royal Pharmaceutical Society's decision to withdraw its accreditation for the Master of Pharmacy course at the Midlands university. Both the RPSGB and pharmacy staff at the University of Wolverhampton refused to comment on the case



# DH told it must tackle branded generic threat

PSNC warns key pharmacy funding could be under threat in PPRS response

Max Gosney

**Pharmacy representatives have** demanded emergency action to protect purchase profits from increased prescribing of branded generics.

PSNC said government measures were needed to remove the incentive for prescribing by brand name or key pharmacy funding could disappear.

The warning came as the government closed its consultation on changes to the Pharmaceutical Price Regulation Scheme (PPRS).

PSNC chief executive Sue Sharpe said: "PSNC is extremely disappointed that the consultation paper does not address the issue of off-patent brands being prescribed to undercut prevailing

category M price. This is not in the interests of pharmacists, the NHS or tax payers."

Allowing generics firms to adopt brand names signalled a "major distortion" of competition in the market, PSNC warned.

Branded generic manufacturers had no incentive to offer pharmacists the discounts given by "true" generic companies, PSNC said.

This meant firms could offer cut-price drugs to PCTs without fully contributing to purchase profits agreed under the pharmacy contract, the organisation added.

Generics expert Bharat Shah called for branded products to be blacklisted from the Drug Tariff.

In a letter to the DH, Mr Shah, managing director at Sigma Pharmaceuticals, said: "By making

the brands blacklisted it would encourage prescribers to prescribe by generic names."

Too many PCTs were encouraging switching of prescriptions from generics to generic brands in a misguided bid to cut costs, Mr Shah warned.

He said: "Companies pitch a generic brand to the PCT at slightly below drug tariff price and therefore the PCT encourages prescribers to prescribe it."

"When other versions of the same drug are launched at a later date at cheaper prices, the NHS doesn't get the benefit."

The PPRS allows the government to cap the profits made by drugs firms selling medicines to the NHS.

The latest agreement will cut the cost of branded drugs by 5 per cent.

## Industry wants delay to avoid January blues

**Pharmacy groups have** expressed alarm at the proposed timing of the revised PPRS agreement.

Cutting branded medicines prices from January 1 next year would cause huge disruption for pharmacists, stakeholders said.

Contractors would be likely to react by reducing stock to defend against the fall in value, according to Avicenna. This could lead to patients being unable to claim prescriptions as stocks ran low during the busy Christmas period, it stressed.

The group called for price cuts to be applied from March 1, 2009, instead. PSNC said January was the "worst month in the year" to cut branded drug prices. Sigma Pharmaceuticals chief Bharat Shah said price cuts should be switched to February or April 2009. **MG**

## Chlamydia service template drawn up to aid testing

**A enhanced service template** specification for chlamydia testing has been announced by pharmacy minister Dawn Primarolo, alongside plans to speed up the roll-out of pharmacy services promised in April's white paper.

Ms Primarolo said that a consultation to outline "structural changes" to help realise the "pharmaceutical services promised in the white paper" is due to begin in August.

And the DH will shortly announce the two new pharmacy national clinical directors proposed in the white paper.

Alastair Buxton, head of NHS services at PSNC, said he hoped the chlamydia screening service template would lead to more

PCTs commissioning the service from pharmacy.

But Ajit Malhi, head of marketing services at AAH, warned the template was only a "piece of the jigsaw" as getting services commissioned required "hard work and preparation".

Rob Darracott, CEO of the Company Chemists' Association, said Ms Primarolo had provided a "helpful summary" of progress on the white paper. The news that the clinical directors were now being recruited was "especially welcome", he added. **ZS**

### News in brief

#### Oxygen bill up

Costs for the supply of home oxygen in Wales are triple those estimated under a contract awarded to oxygen supplier Air Products in 2006. The difference was due to inadequate information supplied by the NHS at the time the quote was given, a report by the Auditor General for Wales has found.

[www.chemistanddruggist.co.uk](http://www.chemistanddruggist.co.uk)

#### Generic Casodex

Both Teva and Actavis have launched generic versions of Casodex, an AstraZeneca treatment for prostate cancer. Bicalutamide 50mg and 150mg tablets are available in packs of 28.

#### Wales warning

The reorganisation of the health service in Wales must not impair the pharmacy profession's development, RPSGB director for Wales Cath Savage has warned. The NHS trusts and 22 local health boards are to be replaced by seven new organisations.

[www.chemistanddruggist.co.uk](http://www.chemistanddruggist.co.uk)

#### GP access is satisfactory

More than four fifths of patients are satisfied with their GP practices' opening times, a survey by the NHS Information Centre has shown. Of those who were dissatisfied, 44 per cent wanted Saturday openings and 31 per cent later evening opening times

#### Slow Trasicor back

Amdipharm's Slow Trasicor 160mg tablets are now back in stock, the pharmaceutical firm has advised.

#### International CPD survey

The RPSGB is participating in an international survey to discover members' attitudes towards CPD. The Professional Associations Research Network's study will also examine feelings on online learning, and will help the Society develop its CPD programme.



What do you want from a new professional body?  
[zsmeaton@cmpmedica.com](mailto:zsmeaton@cmpmedica.com)

**P.S.** Which well known LPC officer has saddle-sores after cycling from London to Paris to raise money for the Meningitis Trust?  
Turn to page 10 to find out

## eps one minute Guide

C+D has teamed up with the NPA to bring you one-minute guides to everything you need to know about EPS.

### PART 3 Communicating with general practice

The white paper published in April highlighted the importance of community pharmacy communicating with general practice. There are many reasons for pharmacists to be in regular contact with local GPs, but at the moment EPS should certainly be on the agenda.

In terms of EPS capability, pharmacy and general practice are at about the same point, with around 80 per cent roll-out for release 1.

But with only about one in four GP prescriptions issued using EPS, many pharmacies do not see enough to allow their proper integration into pharmacy workflows. Just letting local GPs know you are EPS-enabled may encourage them to switch on their EPS capability.

Many problems pharmacies are encountering with EPS can be resolved within the surgery. If a barcode is not scanning it may be as a result of problems with ink in the prescriber's printer, or even that the prescription has been creased during printing.

Other problems are linked to GP computer systems – let the practice or PCT know if prescriptions from a particular surgery are consistently failing to download. You could also ask local GPs to enter dosage instructions as they wish them to appear on the label – saving time in the pharmacy.

• Make IT work for you and your business – don't miss C+D's digital issue on August 9 to find out how. It's only online, so sign up now at [www.chemistanddruggist.co.uk/digital](http://www.chemistanddruggist.co.uk/digital)

# Contractors must try harder, says EPS chief

Connecting for Health boss calls for greater engagement, in exclusive interview

Zoe Smeaton

Contractors must put in the effort to make the electronic prescriptions service (EPS) work and need realistic expectations about what the service can deliver, the project's chief has said.

Tim Donohoe, group programme director for EPS at Connecting for Health, told C+D: "Like any big system, [EPS] will not be 100 per cent to everybody's liking the first day it goes live."

Some pharmacists have complained that scanning in bar-coded prescriptions under release 1 of EPS takes longer than the non-electronic process.

Mr Donohoe said on some systems pharmacists did have to confirm the electronic information, and that, while there were "conflicting views", it was "fair to say some people see it as arduous".

Mr Donohoe said to get the best from the system, contractors needed to use it and flag up issues to their suppliers. He said: "Unfortunately it does require a



Tim Donohoe: "EPS will not be 100 per cent to everybody's liking the first day it goes live"

little bit of effort on the part of the end user to get to a position where they have got an optimal service."

The NPA also urged members to use systems as much as possible. But some industry insiders said it was "not surprising" that some pharmacies were choosing not to process prescriptions electronically.

Mark Johnson, head of customer IT at UniChem, said with all the changes going on in the profession at the moment, contractors "haven't got time to put in a little effort to do something that's not

going to bring them any direct benefit immediately".

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## Small businesses take Boots to task over stalled payments

The Federation of Small Businesses (FSB) has accused Alliance Boots (AB) of exploiting its members by delaying payments and imposing fees and terms.

The FSB singled out Boots in an attack on the stalling tactics used by big businesses when paying smaller suppliers.

Boots denied any wrongdoing and said it worked "collaboratively" with suppliers.

However the FSB said AB was "unashamedly" making small firms

wait for payment.

AB had informed suppliers in June that from April 2008, bills would be paid up to 75 days from the end of the month of invoice, with a 2.5 per cent settlement fee, the FSB said.

Small businesses were reluctant to charge interest on late payments – despite legal backing – as they feared losing lucrative contracts, the FSB added.

John Wright, FSB national chairman, said: "At a time when

small businesses are finding it difficult to deal with a slowing economy and rising costs, it is shocking that large companies think it is acceptable to use them as an unofficial source of credit."

AB said it was looking to align arrangements with suppliers following Boots' merger with Alliance UniChem in 2006.

A company spokesperson added: "We are committed to working with our suppliers for our mutual long-term benefit." RF

Two weeks to go

09.08.08

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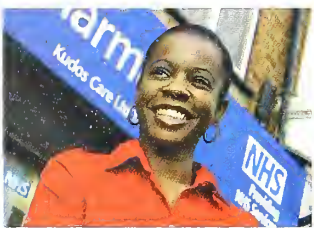
## Dispensary TALK

### What impact have rising fuel costs had on your business?



"It's not made a huge amount of difference. It's made more of an impression [on my] personal life because of commuting costs."

**Alan Erwin, Alliance Pharmacy, Belfast**



"It's had no discernable impact. We do quite a few deliveries but there's not been an increase in numbers wanting that. If we don't want to use the car we can walk to places. If push comes to shove we can cycle."

**Jennifer Reid, Fair Oak Pharmacy, Streatham**

### WEB VERDICT:

Higher delivery demand  6%  
Overheads are up  65%  
No impact  29%

**Armchair view:** Ouch! Petrol prices are really starting to sting for a lot of you, although for around a third of businesses the increase has had no effect.

**This week:** Who's your favourite recent pharmacy minister? Vote at [www.chemistanddruggist.co.uk](http://www.chemistanddruggist.co.uk)

# Drug offender struck off

Pharmacist found with cocktail of 204 tablets accused of "sustained dishonesty"

**A pharmacist spotted by police** "behaving strangely" in a railway toilet has been struck off for drug offences.

Terence Robert Coleman, who managed the Mendip Pharmacy in Weston-super-Mare, was found guilty of misconduct by the Royal Pharmaceutical Society after it heard he had admitted 18 drug-related offences.

Police found Mr Coleman in possession of 204 tablets after his "strange behaviour" led to him being searched at Taunton station.

Mr Coleman is understood to have told police he took the mixture of dicanol, amphetamine, methylphenidate, diazepam,

dihydrocodeine and diclofenac tablets without permission or prescription.

John Burrow, chair of the hearing, said: "There was dishonesty – planned and carefully executed dishonesty – with an intention to steal from his employer over a fairly lengthy period of time of 18 months."

"It was serious and sustained dishonesty while having an addiction as a practising pharmacist. There was very serious potential for risk of injury."

Bristol Crown Court had given Mr Coleman a two-year conditional discharge after admitting illegal possession of controlled drugs,

stealing drugs and breaching pharmacist regulations.

Mr Coleman claimed he did not need permission to remove the drugs from the Bristol pharmacy where he worked at the time.

He added that he was "stressed and depressed" about not being able to join his family on holiday.

Mr Coleman had previously been struck off after facing charges of unlawful possession of controlled drugs and driving while unfit through drink or drugs in Gloucestershire, the hearing was told.

Mr Coleman has three months to appeal the ruling. **UKL**



Pharmacy delivery driver Arthur Denton shows off his new set of wheels outside Rowlands Woodhouse pharmacy in Sheffield. The branch bought the van to cater for rising demand for prescription deliveries in the wake of record-breaking fuel prices. Rowlands area manager Jamie Roberts said: "People are definitely feeling the effects of rising fuel costs here." Conservative MP for Devizes Michael Ancram was briefed on the trend as he visited another Rowlands Pharmacy in Devizes as part of C+D's Building Bridges campaign. Pharmacist, Lawrence Chater said: "We were able to tell him about the investment we've made in the branch. He's always had concerns about the rural nature of the constituency, so we told him about the delivery service we've been offering in the past 12 months." Sign up for an MP visit: email [mgosney@cmpmedica.com](mailto:mgnosney@cmpmedica.com)

## PSNC/PAGB eye up PR campaign

**PSNC and the PAGB have called** for a national publicity campaign to raise public awareness of pharmacy as a first port of call for minor ailments.

The move follows the recent inquiry into GP access by the All-Party Parliamentary Group on Primary Care and Public Health, which called for a cultural

shift towards self-care.

The pharmacy white paper also promised a nationwide PR campaign to publicise pharmacy services.

PSNC chief executive Sue Sharpe said: "Patients should be encouraged to think 'Pharmacy First' when seeking advice for minor ailments such as colds or

headaches. This will save both GPs' and patients' time."

Gopa Mitra, PAGB health policy and public affairs director, added: "It is clearly time to signal to the public that if they need reassurance of their symptoms not being more serious, there is a highly-trained expert available in every pharmacy to help them." **RF**

Two weeks to go

09.08.08

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Some pharmacists have lost thousands of pounds since the launch of an automated scanning system by the Prescription Pricing Division. Most errors are the result of flaws in the way forms are being completed, say the PPD and PSNC. **C+D** offers a simple guide to staying switch-free

# Prescription switching:

## an A to Z guide on minimising PPD switches

**A** **Always** check the back of prescription forms are completed as required unless:  
– the patient is under 16 or 60 and over  
– it's for a prisoner on release  
– it's a bulk prescription (see b).

**B** **Bulk** prescriptions are orders for two or more patients or schools and institutions occupied by at least 20 people. Don't fill out the back of these scripts and you should avoid switches.

**C** **Clipping** or stapling prescriptions is a bad idea. These have to be removed before scanning and could cause delays to your payment.

**D** **Double** check carefully all FP10s to make sure you have met PPD/PSNC guidelines.

**E** **Exempt** declarations must always be completed where required. Ticking the exemption box may not be enough. Without adding the necessary details the form could be switched and you'll be hit with a £7.10 charge.

**F** **Forget** how things were before. It's no good moaning that things worked fine under the old PPD scanning system so why change now. The technology has moved on and unless you adjust accordingly you'll run the risk of switches.

**G** **Green**, blue, red or black. It doesn't matter what colour pen you use to complete the exemption declaration.

**H** **Hormone** preparations for contraceptive purposes. Forms should be submitted as exempt. But only if the doctor specifically indicates on the prescription that these items are to be used for contraceptive purposes.

**I** It is acceptable to use a pharmacy stamp to provide the address information on a prescription where a member of the pharmacy team is signing as a representative of the patient, but see J.

**J** **Just** remember, a pharmacy stamp is not accepted as a signature. Without a signature the form will be switched.

**K** **Kids**, as in patients under 16, are exempt from prescription charges. The date of birth for under 16s will automatically be printed on the front of their prescription. You do not need to fill in exemption declarations on the back before sending off to the PPD.

**L** **Let** the PPD know about it. If you believe you have had prescriptions switched incorrectly by the PPD in the past year, report it using the form at [www.chemistanddruggist.co.uk/news](http://www.chemistanddruggist.co.uk/news)

**M** **Make** sure you have a checking procedure in place to ensure the scripts have been filled in correctly. You can delegate the checks to the pharmacy team, but make sure they know exactly what they're doing.

**N** **Number** crunch. Check out your pharmacy's monthly prescription switching statistics on your schedule of payments. This will help you get a grasp of when your system is working fine and when it needs nurturing.

**O** **Operating** procedures are a useful defence against slip ups. Put one in place and make sure the staff stick to it.

**P** **Prescription** sorting flowchart. This PPD produced diagram provides an easy reference tool to ensure you are filling the forms in correctly. You can print off a copy from [www.ppa.org.uk](http://www.ppa.org.uk)

**Q** **Questions**. If you're unsure about something then don't be afraid to check it before you send off those scripts. You can call the PSNC (01296 432823) or PPD (0845 610 1171) for advice.

**R** **Requirements**. Patients claiming exemption linked to income are required to declare their National Insurance number in part 1 of the prescription form. However these forms won't be switched unless the

appropriate exemption box is marked and the prescription is signed.

**S** **Signatures** put in the wrong place can lead to switches. Forms should be signed in the signature box. If it strays and is penned below this spot the form will be accepted. So long as the signature appears somewhere in part 3 of the form you're fine.

**T** **Top** three reasons cited by the PPD for prescriptions being switched are: prescription not signed by patient or representative; evidence that the patient has paid the prescription fee; and items not classified correctly as a contraceptive.

**U** **Use** the most recently submitted barcode label when submitting prescriptions.

**V** **Very** bad idea to glue labels on the prescription during the dispensing process. This can jam the PPD scanners.

**W** **When** stamping and endorsing prescriptions be careful that pharmacy stamps do not damage the age/date of birth box on the front of the form. This could cause problems for the PPD scanning system.

**X** **As in cross**, the exemption box where exemption is required. You can use a tick if you prefer.

**Y** **You're** not to blame. In several instances prescription switches have been incorrectly switched because of a system failure at the PPD. If you think you have been a victim of a switch contact the PPD immediately. Also C+D would like to hear your story.

**Z** **Zero** hour. Make sure you despatch your prescriptions by the 5th of each month.

\*Information based on PSNC and PPD guidance



Followed the A-Z and still having scripts switched? Please call C+D news editor Max Gosney on 01732 377315



# Letters

Please email us with your letters including your name and contact number to: [haveyoursay@cmpmedica.com](mailto:haveyoursay@cmpmedica.com)

Or write to the Editor at:

C+D, Riverbank House, Angel Lane, Tonbridge, Kent TN9 1SE

Letters may be edited for content and length

## Medical exemptions for prescription charges must be revisited

It is now 40 years since the list of medical exemptions for prescription charges in the NHS was introduced. Much has changed since then.

New diseases have arisen, there are newer ways in which to treat diseases and many more patients are living with chronic medical conditions. There has also been much advancement in technologies and the introduction of novel medicines, resulting in a dramatic change to the way healthcare is delivered. So isn't it time the prescription charges system was given a radical overhaul?

In the late 60s, conditions such as heart disease and cancer were much more likely to kill you. Now people are living with these diseases for many years. The original list was drawn up to reduce

the financial burden on people needing multiple prescriptions, but now it fails to cover those in greatest need.

Many believe the current system of charges is illogical and unfair. It is also incompatible with one of the core principles of the NHS – that healthcare should be based on clinical need and not the ability to pay. The system puts at a disadvantage non-exempt patients who need long-term medication for multiple chronic conditions.

More than one in three of us develop cancer at some stage in our lives. Over the past decade, considerable progress has been made – cancer mortality is decreasing and survival rates are improving. But, as people live longer, the incidence of cancer is increasing and more people are

alive having survived it. As a result, patients are likely to be prescribed treatment for long periods of time.

A Macmillan Cancer Support survey of patients found that nearly one in 10 people under 55, who qualify for charges, are unable to pay for their prescriptions. It also showed some patients are forced to ask their pharmacist what medication they can do without because they could not afford it all.

As pharmacists, the best we can do, until the current system is reviewed, is ensure all our patients are aware of the savings a pre-payment certificate (PPC) can offer. Every patient should be made aware of the availability of PPCs and advised about the different types (three-monthly and annual) and methods of payment (one-off or monthly direct debits).

We should also direct them to other sources of information, such as their local cancer network or information and support departments. More information about PPCs can be found on the Department of Health website,

NHS prescriptions are currently free in Wales and charges will be phased out in Scotland by 2011. This summer, Macmillan, along with patient groups and healthcare professionals, will be calling on the government to abolish prescription charges in England.

More information on Macmillan at [www.macmillan.org.uk](http://www.macmillan.org.uk).  
**Kumud Kantilal, Macmillan principal network pharmacist (lead for education and training), South East London Cancer Network**

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Auden Mckenzie

## Deliver or be damned

**Home delivery is definitely booming, but I think it's a sign of an increasingly lazy population and their tendency to abuse free pharmacy services rather than a reflection on the price of oil (C+D, July 19, p6).**

When I started doing home deliveries it was for a handful of housebound patients who had no neighbours or family to collect their medication. I would drop the medication off after work, usually only if the dispensing did not coincide with a visit from the district nurse, carer or doctor.

Now John, our delivery driver, regularly makes 15 or 20 drops every day. A significant number of these patients can walk unaided to the pharmacy and are often out when John calls. If I refuse to deliver to these long-standing 'loyal' patients, they will simply have their prescriptions delivered by Boots or the local independent.

X Pharmacy, and many others like it, has got itself into a 'no-win' situation similar to the one we're in with monitored dosage systems. We set out to offer a useful service and gain a competitive advantage at a time when we could afford to invest and now we're forced to provide these expensive services to increasing numbers of patients while our costs rise inexorably.

Home delivery is a fantastic service, and some patients are truly grateful. In fact, John often receives more praise and chocolates at Christmas than I do. He will sometimes also deliver the odd bit of

shopping or an OTC medicine, and for some patients he is the only person they see all day. Messages about medication from patients, via John and the pharmacy to the GP surgery, can be truly lifesaving. There can be no other business that offers such a valuable service for free.

It is ironic that I face such competition to deliver this loss-leading service. Boots has tried to poach my patients who live in sheltered accommodation by offering to collect their repeat requests forms from a collection point and deliver the prescriptions back to the collection point. Hardly a personal service, but it sounds convenient, particularly for the warden. The local independent offers twice-daily deliveries – no real clinical benefit but again very convenient, particularly for the surgeries.

It is unclear where all this will end. I can see home deliveries becoming the rule rather than the exception, particularly if ETP ever takes off. We could become more highly valued for our deliveries than any clinical service.

Pharmacy's fundamental problem, and the great advantage for commissioners, is its lack of unity at local level. Because the competition for locally negotiated services is so fierce, we end up providing them at ridiculously low prices or even free. The only way that services such as home delivery could ever be even cost neutral is if they were part of a nationally negotiated contract.



## Locum at Large

haveyoursay@cmpmedica.com

## Let battle commence as GPs offer dispensing services



**The recent 60th anniversary of the NHS has brought much soul-searching in the press and media, generally about the health of Britain's favourite public service. Many commentators now feel that the most important patient in the NHS is, however, the institution itself – monstrously bureaucratic, criminally wasteful, ever demanding and continually subject to permanent political interference.**

Lord Darzi's proposals for taking the service in a new direction are interesting, but as far as community pharmacy is concerned, to date of little interest – he has much more

serious matters to consider than peripheral issues concerning one small part of the NHS, however important it is to ourselves.

Reading the crystal ball-gazing in the pharmacy press, I saw the concerns expressed concerning 100-hour pharmacies, prescription switching, category M and a host of other issues, which are all of great importance to the future wellbeing and welfare of our sector. But two recent developments have given me considerable pause for thought.

I commented a few months ago that almost all the pharmacies in which I work are seeing either a stagnation in their prescription numbers or a definite fall off. Two developments locally strike me as being perhaps a partial reason for the decline.

Three group practices in my area have opened pharmacies/dispensaries either in or attached to their premises. All are situated near local pharmacies that for years have served those surgeries. In one case the surgery is at the top of the hill, the pharmacy in a parade of shops at the bottom. Yet all three

practices have been granted permission to open pharmacies.

In two of them the prescription is generated by the doctors but is printed in the pharmacy and immediately dispensed. No handing over to the patient to take to his local pharmacy. The patient never sees the prescription unless it is to pay for it or complete the declaration. Naturally, the viability of those long-established businesses is threatened as more than 80 per cent of the prescriptions now never leave the surgery.

How on earth was permission for those new pharmacies ever granted in the first place, in direct competition and opposition to existing businesses?

Another group practice in a large town near my home is now offering all its patients a service in which prescriptions are posted to a company in the north of England for dispensing and mailed by return directly to the patient's home, cutting out the pharmacy completely. That pharmacy is 50 yards from the surgery and has served its patients well for over a

quarter of a century. Yet the partners had not the slightest hesitation in offering a scheme to their patients they knew would cause considerable commercial harm to the pharmacy and indeed could materially affect its viability.

As the practice is hardly likely to be offering the service for philanthropic reasons, one can only assume the doctors receive some benefit or reward from promoting such a service to their patients. Undoubtedly, other practices will offer a similar service if the doctors can see a financial advantage to themselves in promoting the scheme. Obviously £120,000 a year is not enough for some partners – they are greedy for more even if it is at someone else's expense: community pharmacy.

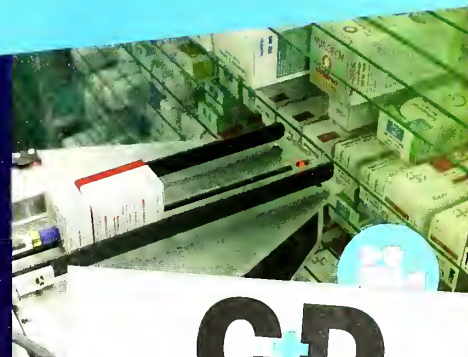
Community pharmacy is going to have to fight a battle, indeed a war, just to hold on to what business it still has. Otherwise we will see other providers taking over more and more of what we always assumed was our exclusive preserve – the supply of the nation's prescribed medication.

09.08.08

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Tasked with transforming the RPSGB into a dedicated, professional body, president Steve Churton explains to **Jennifer Richardson** his objectives for the next 18 months

I don't plan for failure, says Steve Churton, "I never have." Such confidence is surely needed as the newly-crowned RPSGB president prepares to oversee the split of the Society from a dual professional and regulatory organisation into one solely serving members' professional ambitions.

Having become a Council member little over a year ago, Mr Churton ran for the presidency because he believed he had the "particular skill set" needed to lead the Society – and the profession with it – into this unknown future. That skill set is change management, Mr Churton says. "And that's my day job within Boots, actually – change management and business development."

As head of professional practice at the UK's largest multiple, Mr Churton has come under fire from some in the independent sector, who expressed concern that his appointment was a corporate stitch-up. But Mr Churton remains unconcerned, calling the criticism a "healthy debate".

"I'm quite pleased that people have voiced that opinion because it means to me, demonstrates to me, that they are very much caring about the future of their profession and want to take an active role in influencing that. So I think that's a good thing."

But he voices surprise that people who have never met him are making assumptions that he will be unduly influenced by his Boots background. "All I can say to people is look, you know, at the end of the day, judge me by my actions and by my outputs," he says. "I was elected to serve the profession irrespective of sector of the profession – and that's what I intend to do."

Mr Churton has three key objectives for the next 18 months only – he says he is thinking no further ahead than January 2010, when the Society hands over regulatory duties to the new General Pharmaceutical Council (GPhC). Those objectives are, he says, "engaging members, preparing to split, and doing the day job at the same time".

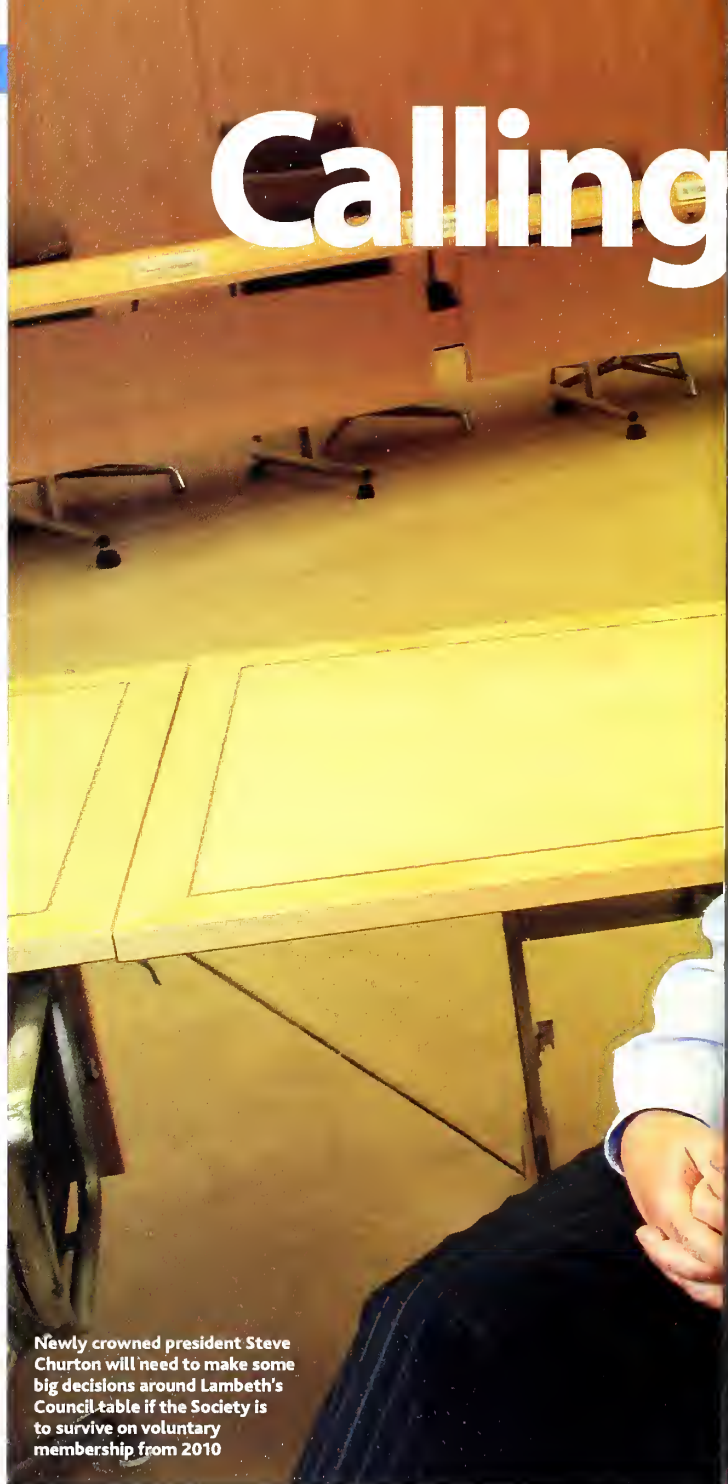
With regards to the first of these, an independent survey of members last year revealed a "deep dissatisfaction" with the RPSGB. Mr Churton is more than clear about the reason behind this disengagement. "Nobody likes a regulator," he says firmly.

The Society's "good intentions" for professional support

**I would describe myself as a Boots lifer**

After graduating from Manchester University in 1979, Steve Churton joined Boots as a pre-registration trainee – and is still with the company almost three decades later. Until recently pharmacy superintendent, the 51-year-old took on his current role as head of professional practice following the merger with Alliance Pharmacy in 2006.

# Calling



Newly crowned president Steve Churton will need to make some big decisions around Lambeth's Council table if the Society is to survive on voluntary membership from 2010

have been "swamped" by this statutory regulatory role and a "sizeable minority" of members have become disillusioned with the organisation as a result. Mr Churton says: "I see the loss of the regulator responsibility as being liberating for us to concentrate on stuff that can truly support pharmacists."

Mr Churton sees his job as re-engaging members not just with the Society – but the profession as a whole. "Over a few years I think quite a few people have become disaffected by what happens in the profession," he says.

"I'm not too sure that people fully appreciate what is going to change over the next few years so I think I need to try to re-engage those people."

Despite being under no illusions about the enormity of his task – "That's going to take huge amounts of effort to re-engage membership" – Mr Churton is determined. "All I know is my legacy is not going to be to end up with a profession, a healthcare profession, without a professional body," he says.

Why Society members should join that professional body once it is optional, however, Mr Churton doesn't know. This is because, he says, it is up to members to decide what they want from it.

"There is not going to be imposition from the centre to say:

# members to the table



## Steve Churton on:

### 2008'S PROPOSED 50 PER CENT RETENTION FEE RISE

"It doesn't matter what I think of it at the end of the day – that's what Council decided to do and I can see the rationale for doing that"

### THE RELATIONSHIP BETWEEN SOCIETY STAFF AND COUNCIL

"In any organisation there are tensions. Dynamic tension I think is good, actually, it can be healthy – it can challenge"

### CO-LOCATION OF THE NEW PROFESSIONAL BODY AND GPhC

"It would be good if those two bodies could be separate, but the short-term reality is that it may be that we share a building and we are supported by some shared services... so we may start off co-locating in some sort of configuration but I believe ultimately they will move apart physically"

### PLANS FOR REVAMPED DINING FACILITIES AT LAMBETH

"I think that what you will see when we come to the end of the refurbishment up there is something which is far more marketable, for conferences and dinners and events and what have you, than what we have now. So I think it's money well invested"

'This is what we believe you need.' That feels very arrogant to me, to assume we know what members want, so we'll be having a series of conversations with members to ask them their opinions."

Mr Churton refuses to be drawn on the possible outcome of these conversations. But he does believe the profession needs a leadership body for professional advocacy, a sense of belonging, and support for the regulator.

How many members would be needed to join the professional body is another question. The Society has set sights on 100 per cent sign-up. But Mr Churton says: "That would be great. I also believe that's unrealistic because I'm a realist at the end of the day."

What would be realistic? "Without knowing the offer then I can't tell you how much that offer's going to cost, therefore I can't tell you what finances we need, therefore I can't tell you how many we need to join." Mr Churton does have a view on what the figure might be, though – but he is unable to divulge it.

He concludes: "All I know is that the offer will have to be compelling to members to make this whole thing a viable proposition."

# C+D Clinical

## Pituitary disorders

The effects of hormones secreted by the pituitary gland and two of their disorders

### Key points

- Its wide-ranging, non-specific symptoms may mean that pituitary disease goes undiagnosed for several years.
- Hypopituitarism and non-functioning pituitary tumours are among the most common manifestations.
- Hydrocortisone is an essential part of management of hypopituitarism and patients and medical professionals should know how to adjust doses in times of illness and stress.

### Alison Milne

Pituitary disease is relatively rare in the UK. There are about 50,000 to 70,000 people with the disease and a GP may only see one or two of them throughout his or her career. The symptoms tend to be wide-ranging and non-specific and may not be picked up for years.

Being faced with a pituitary condition with possible lifelong implications can be puzzling because of its unpredictability. Many people have a relatively normal life post diagnosis but others will struggle for a variety of reasons.

The following case history illustrates how difficult diagnosis can be.

### Case study

#### Symptoms

A 55-year-old female was referred for investigation with the following signs and symptoms:

- generalised aching all over, gradually getting worse over the course of a year
- cold intolerance; thinning hair; low mood – 'different' from previous depression
- reduced appetite and weight loss of 12.7kg over three months

### The College of Pharmacy Practice



This course (module 1446), in association with multiple choice questions being published in C+D August 2, provides one hour of continuing education

### Reflect

Why could a pituitary disorder lead to treatment with thyroxine? What should patients on steroid treatment for hypopituitarism do if they have vomiting and diarrhoea? Why may a patient with a pituitary tumour experience visual disturbances?

### Plan

This article looks at the hormones secreted by the pituitary gland and the treatment of two common pituitary disorders.



This article can help in the following CPD competencies: **G1a, G1d, C1a, C1c, C3e**. See <http://tinyurl.com/68ox7b>



Hydrocortisone is key to managing hypopituitarism and patients should know how to adjust doses in times of stress

**Table 1: Hormones secreted by anterior pituitary gland and their actions**

HORMONE	EFFECTS	DEFICIENCY	EXCESS
Growth hormone (GH)	Promotes growth in muscles and bones	Dwarfism in children or adult GH deficiency	Gigantism in children or acromegaly in adults
Prolactin	Initiates lactation and promotes growth of the mammary glands	Failure in postpartum lactation	Hyperprolactinaemia, erectile dysfunction in males, amenorrhoea in females and reduced libido in both sexes
Thyroid stimulating hormone (TSH)	Acts on thyroid gland to release thyroid hormones	Hypothyroidism	Hyperthyroidism
Adrenocorticotrophic hormone (ADH)	Acts on adrenal cortex to release cortisol and adrenal androgens	Adrenocortical insufficiency	Cushing's disease
Luteinising hormone (LH) and follicle stimulating hormone (FSH)	Acts on reproductive organs to release sex hormones and resulting in reproductive cycle changes	Gonadal insufficiency	Extremely rare but causes infertility

**Table 2: Hormones secreted by posterior pituitary gland and their actions**

HORMONE	EFFECTS	DEFICIENCY	EXCESS
ADH	Increases water reabsorption in the kidneys and modulates blood pressure	Diabetes insipidus (polyuria, hypotension)	Syndrome of inappropriate ADH secretion (SIADH)
Oxytocin	Stimulates uterine contractions during labour, stimulates postpartum milk ejection, elicits maternal behaviour	Failure to progress in labour, difficulty with breast feeding	No effect

### Most common pituitary disorders

Acromegaly  
Adult growth hormone deficiency  
Craniopharyngioma (a tumour near the pituitary gland in the craniopharyngeal canal)  
Cushing's disease  
Diabetes insipidus  
Hypogonadism  
Hyperprolactinaemia  
Hypopituitarism  
Non-functioning pituitary tumours and prolactinoma

hypopituitarism for about 10 years, gradually getting worse. One of the first symptoms might have been her depression. It is interesting to note that it took six weeks from GP referral to hospital admission and final diagnosis. This shows how easily these symptoms can be overlooked or mistaken for other disorders.

### Treatment

Hydrocortisone 20mg three times daily (on rising, lunchtime and teatime before 6pm).  
Thyroxine 50mcg daily (secondary hypothyroidism).

### Response

There was marked improvement on steroids. Muscle aches and weakness improved. Although the patient was still emotionally labile and sometimes confused, especially during the night, this also improved.

Hydrocortisone was reduced to 20mg twice daily, on rising and at teatime, then reduced further to 10mg twice daily. Thyroxine was increased to 100mcg daily. The patient was eventually discharged feeling well on hydrocortisone 10mg twice daily.

### Hypopituitarism

This refers to partial or complete deficiency of anterior and/or posterior pituitary hormones. It may be due to primary pituitary disease or to hypothalamic pathology, which interferes with the hypothalamic control of the pituitary.

### Causes

- pituitary tumour
- para pituitary tumours such as craniopharyngiomas, meningiomas or secondary disease, as in breast or lung
- radiotherapy – pituitary, cranial, nasopharyngea
- pituitary infarction (apoplexy), Sheehan's syndrome
- infiltration of the pituitary gland such as sarcoidosis, lymphocytic hypophysitis
- infection (abscess)
- trauma (head injury).

### Clinical features

This depends on the severity of pituitary hormone deficiency and the rate of

- nausea.
- confused at times.

She had a previous medical history of appendectomy; hysterectomy and ovary removal (bilateral oophorectomy) following stillbirth; post partum haemorrhage (14 units blood transfused); depression; and Raynaud's syndrome.

### Current medications

Co-codamol two tablets four to six-hourly as necessary; citalopram 20mg daily; naproxen 500mg twice daily.

### Initial investigations

#### Routine blood results

Sodium – 131mmol/L (lower limit of normal being 137mmol/L).

Calcium – 2.87mmol/L (although raised, this was not enough to cause her confusion and it responded well to IV fluids).

Potassium – 5.0mmol/L. Random serum cortisol level was less than 20.

Renal impairment was noted but this was thought to be NSAID-induced so naproxen was discontinued and renal function improved.

Blood pressure showed postural drop but patient felt asymptomatic.

Following a pelvic/abdominal scan and CT brain scan, chest X-ray, echocardiograph and rheumatology opinion, the patient was referred to an endocrinologist with suspected Addison's disease. Endocrinology examination found her to be strikingly pale, with no buccal or knuckle pigmentation (pigmentation being a sign of Addison's disease) and poor sexual hair, leading to the impression of hypo-adrenalism and likely pituitary insufficiency.

The patient's prolactin level was four times the normal limit so she could have had a pituitary adenoma (a benign epithelial tumour with glandular origin and structure) with disconnection hyperprolactinaemia, but it was decided that citalopram was to blame. When the drug was withdrawn the prolactin level fell to 522mu/L (normal is less than 450mu/L).

### Diagnosis

Sheehan's syndrome, with hypopituitarism resulting from post-partum haemorrhage.

The patient had probably had

development. Most clinical features are similar to those occurring when there is an insufficiency in the target gland, as seen in table 3 (right).

### Treatment

Adequate and appropriate hormone replacement and management of the underlying cause.

**Steroid replacement therapy** Patients are advised to purchase a Medic Alert bracelet to ensure their safety in the event of illness or an emergency, and to carry a steroid card. This is where the role of the endocrine nurse specialist is important and where the community pharmacist can contribute. The nurses teach the patient what are globally known as The Sick Day Rules, that is, when to double their dose of hydrocortisone, use intramuscular injection and when to seek medical advice.

The Pituitary Foundation has a hydrocortisone leaflet to read or download via the website ([www.pituitary.org.uk](http://www.pituitary.org.uk)). This includes recommendations for dose changes and emergency injections.

Community pharmacists can reinforce the importance of wearing a Medic Alert bracelet and carrying a steroid card, and advise that patients should never let

**Table 3: Pituitary hormone deficiencies and clinical signs and symptoms**

DEFICIENCY	CLINICAL SIGNS AND SYMPTOMS
<b>Growth hormone</b>	<ul style="list-style-type: none"> <li>• Adult growth hormone deficiency (AGHD)</li> <li>• Reduced exercise capacity, reduced lean body mass, impaired psychological wellbeing and poor quality of life</li> <li>• Increased cardiovascular risk</li> </ul>
<b>Luteinising hormone and follicle stimulating hormone</b>	<ul style="list-style-type: none"> <li>• Anovulatory cycles oligo/amenorrhoea</li> <li>• Erectile dysfunction and testicular atrophy in males</li> <li>• Reduced libido, infertility and loss of secondary sexual hair in both sexes</li> </ul>
<b>Adrenocorticotrophic hormone</b>	<ul style="list-style-type: none"> <li>• Anorexia, weight loss, weakness, tiredness, dizziness and postural hypotension</li> <li>• Gastro-intestinal upset</li> <li>• Nausea and vomiting, abdominal pain and diarrhoea</li> </ul>
<b>Thyroid stimulating hormone</b>	<ul style="list-style-type: none"> <li>• Fatigue, lethargy, constipation, cold intolerance, muscle stiffness/cramps, carpal tunnel syndrome, reduced appetite but weight gain, dry skin and hair loss</li> </ul>
<b>Prolactin</b>	<ul style="list-style-type: none"> <li>• Failure to lactate</li> </ul>
<b>Antidiuretic hormone</b>	<ul style="list-style-type: none"> <li>• Polyuria and polydipsia</li> </ul>

themselves run out of medication; they should always have enough to double the dose if need be.

When going on holiday – especially when flying – patients will require a letter from their doctor or nurse and should always keep medication in their hand luggage.

## Your Continuing Professional Development

### Act

- A good starting point for learning more about pituitary conditions is The Pituitary Foundation (<http://www.pituitary.org.uk>), which has a huge amount of information for patients and medical professionals, together with patient booklets that can be downloaded.
- Acromegaly is one of the pituitary conditions not covered in this article. Read the Pituitary Foundation's information at [www.pituitary.org.uk/content/view/53/64](http://www.pituitary.org.uk/content/view/53/64) and the C+D Pharmacy Update article November 19, 2005, p21-24.
- Read about the experiences of a person with acromegaly at [www.gentlegiant.co.uk](http://www.gentlegiant.co.uk), which gives insight into what it is like growing up and coping with this condition.
- More information about pituitary tumours and their treatment can be found at the US Pituitary Society website (<http://tinyurl.com/5cawlk>)
- Read more about advice for pituitary patients taking hydrocortisone from the Pituitary Foundation at [www.pituitary.org.uk/content/view/329](http://www.pituitary.org.uk/content/view/329). Take particular note of how doses should be adjusted in times of illness, surgery or stress.
- If you have any patients on hydrocortisone replacement, check if they have an emergency injection pack at home and if it might be advisable for them to have one.

### Evaluate

- Do you have enough information about the pituitary gland, its functions and what can go wrong to give advice or suggest resources to a patient with a pituitary condition?

## Distance learning for pharmacists

Pharmacists using Pharmacy Update for continuing education are reminded of the need to test. With the support of Genus Pharmaceuticals, C+D readers can self-test their progress by using the multiple choice question (MCQ) paper to be inserted in the August 2 issue, which will cover this

month's three CPP-accredited modules. A telephone marking service offers independent verification of results (see the monthly MCQ papers in C+D for details). If you wish to register for Pharmacy Update, please contact Pauline Sanderson on 01732 377269.

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### Non-functioning pituitary tumour

This is the most common type of pituitary adenoma, comprising 25 per cent of all pituitary tumours. 'Non-functioning' means it is not secreting any hormones. There is equal sex distribution and most cases occur in patients over the age of 50 years. The way the tumour behaves is variable; some are non-invasive and indolent while others invade the sphenoid and cavernous sinus.

#### Symptoms

- visual field disturbances uni- or bi-temporal quadrantanopia or hemianopia. This results from pressure on the optic nerves because of the position of the pituitary gland in relation to the optic chiasm
- headache
- phthalmoplegia (paralysis of the eye muscles)
- apoplexy (infarction of the pituitary gland), although this is rare
- amenorrhoea or oligomenorrhoea (caused

by damage to the adjacent normal pituitary, hypopituitarism or compression of the pituitary stalk or hyperprolactinaemia)

- reduced libido and potency for the above reasons.

### Investigations

- MRI/CT imaging of the pituitary demonstrates the tumour and whether there is any invasion into the cavernous sinus or supraoptic recess
- visual field assessment, which is abnormal in two-thirds of cases
- prolactin levels need to be assessed to exclude a prolactinoma. Prolactin levels can sometimes be raised because of pituitary stalk compression
- assessment of pituitary function by dynamic blood sampling to check for hypopituitarism.

### Management

Nearly all patients will have surgical intervention in the form of transphenoidal hypophysectomy. This removes pressure and may lead to some recovery of pituitary function.

Close follow-up by pituitary imaging and

**Table 4: Guide for the pharmacist**

<b>Pyrexial illness, signs and symptoms of infection</b>	Double dose of hydrocortisone for duration of illness
<b>Vomiting and diarrhoea</b>	Double dose for duration of illness
<b>(If unable to take oral medication)</b>	IM Injection 100mg hydrocortisone (most patients and their relatives/carers are instructed to do this)
<b>Dental extraction, severe stress, bereavement</b>	Double dose during this period
<b>Surgical intervention</b>	IV hydrocortisone 50-100mg every six hours by medical/nursing staff
<b>If symptoms do not improve despite increases in medication, always seek medical advice</b>	

visual field assessment is essential to detect any tumour regrowth. This can occur at up to 15 years following surgery so follow-up needs to be long term.

Hormone replacement therapy is required to treat any hypopituitarism present both before and after surgery.

Radiotherapy can be used depending on any tumour remnant/regrowth but this bears the risk of long-term hypopituitarism.

### Prognosis

The prognosis for patients with non-functioning pituitary adenomas is good following appropriate treatment and optimisation of hormone replacement therapy.

Alison Milne EN, RGN is an endocrine specialist nurse at the Pituitary Foundation.

## A Practical Approach

## Foot ulcer

David Farram



**Ann is the next door neighbour of Martha,** an elderly widow, for whom she runs errands and generally helps look after.

She has called in to the Update Pharmacy to pick up Ann's repeat prescription, which includes metformin and glibenclamide.

"While I'm here," Ann says to senior medicines sales assistant Hannah, "I'll have a packet of gauze and some cetrimide antiseptic liquid. Poor Martha's got a nasty sore on her foot and I've been dressing it for her with those. I suppose that's the best treatment, but it doesn't seem to be getting better very quickly."

"I think you had better talk to Mr Spencer about that, he'll be able to advise you," Hannah replies.

Pharmacist David Spencer asks Ann for a

full description of the sore.

"It's not very pretty," Ann says. "It's just behind her big toe. It's gone a sort of blackish colour and there's yellow goo oozing out of it. It's red round the edge and the skin around it is a bit puffy. It doesn't smell too good, either."

"How's her general health?" asks David.

"Well, she used to be a lively old lady but she's slowed down a lot lately. And she also seems to be getting forgetful and confused."

After a moment's thought David says: "I don't think the sore is going to clear up by cleaning it as you have been. And I'm a bit concerned about Martha's condition generally. Here's how I think we should treat the sore, and I think I'll contact her GP as well."

### Questions

1. What would be David's concerns about Martha?
2. What is wrong with the current treatment of the sore, and how should it be treated?
3. What would David suggest to Martha's GP?

This article can help in the following CPD competencies: **G1a, G1c, C1a, C1f.**

See <http://tinyurl.com/68ox7b>

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cream to improve the condition of the skin ulcer with an antibiotic. Moisturising foot confusion. Treatment of the infected foot to contribute to other medication, as some drugs eg optimise control and a variety of diabetic and 3. Extra monitoring of blood sugar to covered with a semi-permeable film dressing. should be used to hydrate the necrotic material in the wound, and it should be

**A Practical Approach**  
Can you suggest a scenario for Practical Approach?  
Email ideas to [haveyoursay@cmpmedica.com](mailto:haveyoursay@cmpmedica.com)

trauma. An amorphous hydrogel dressing remains and removal of the dressing creates renewed tissue development and around gauze threads focus for infection. On healing wounds, gauze sheds fibres into the wound, forming a freshly boiled and cooled, should be used sensitisation. Sterile saline or tap water, retard granulation and can cause for chronic wounds, as it has been shown to 2. Cetrimide is not a suitable cleansing agent causing confusion.

can cause blood glucose levels to rise, to hypoglycaemia. In elderly people infection to be infected and if not treated could lead From what Ann describes, the ulcer appears which may indicate poor glycaemic control, occur due to poor peripheral circulation, 1. Martha has diabetes. Foot ulceration can

Answers

## Clinical News

## Update MCQ error

The Pharmacy Update questionnaire published in C+D, July 5, contained an error. The answer for Update module 1443 (elderly problems), question two, was incorrect on the telephone marking service, so users are now being prompted to enter a zero instead of choosing their answer as normal. As a result, this question will not be counted towards the Update Knockout competition. C+D apologises for the mistake.

## Positive jab evaluation

Routinely vaccinating 12-year-old schoolgirls against human papilloma virus infection followed by a catch-up campaign up to 18 is likely to be cost-effective, a BMJ evaluation has concluded.

<http://tinyurl.com/63jjp2>

## Back studies undermined

'Usual management' of back pain in studies varies widely, frequently fails to follow guidelines and is generally poorly recorded, a systematic review published by the British Journal of General Practice has revealed.

<http://tinyurl.com/5jw2oo>

## Nice plans to limit RA options

A final appraisal determination issued by Nice has ruled against treating rheumatoid arthritis patients with either adalimumab, etanercept and infliximab following failure of a previous TNF-alpha inhibitor.

The only exception is where the treatment is given in the context of research designed to evaluate the

clinical effectiveness of these treatments in comparison with management strategies that do not include them.

Patients currently receiving the treatments should be allowed to continue therapy already initiated until they and their clinicians decide it should be stopped, however.

The decision has met with a barrage of protest from arthritis patient groups. The National Rheumatoid Arthritis Group said that Nice had rewritten the rules of RA treatment, and had ignored the clinical effectiveness of the drugs and the views of patients and clinicians.

<http://tinyurl.com/645kta>

## Antihistamine may improve Alzheimer's

An obscure antihistamine may improve the course of mild-to-moderate Alzheimer's disease, say the authors of a study in The Lancet.

The trial in 183 patients with mild-to-moderate Alzheimer's disease found that treatment with dimebon was associated with significant continuing improvements in the Alzheimer's disease cognitive assessment scale.

The authors wrote that the

improvement was "especially important" because no approved therapies for mild-to-moderate Alzheimer's disease have shown increasing improvement over 12 months.

The treatment was sold for some years in Russia before it was withdrawn after the introduction of new-generation antihistamines. However, interest in dimebon has recently revived following evidence that it has neuroprotective effects

in models for Alzheimer's and Huntington's diseases.

Lancet 2008; 372: 207-15

[www.thelancet.com](http://www.thelancet.com)

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[www.chemistanddruggist.co.uk/murzone](http://www.chemistanddruggist.co.uk/murzone)

## Niacin-laropiprant therapy gets EU approval

Merck Sharp & Dohme's nicotinic acid-laropiprant treatment for dyslipidaemia and hypercholesterolaemia has been authorised for marketing in the EU.

The treatment is claimed to

raise high-density cholesterol as well as lower low-density cholesterol and triglyceride levels, and is said to provide a new treatment option for high-risk patients.

It should be used in

conjunction with statins in patients in whom statin monotherapy has proved inadequate – and may only be used as monotherapy in patients unable to take statins.

[www.msd-uk.co.uk](http://www.msd-uk.co.uk)

Clinical Alerts – Sign up for C+D's clinical newsletter at [www.chemistanddruggist.co.uk/register](http://www.chemistanddruggist.co.uk/register)

## MHRA Alerts

**Heparin** European Pharmacopoeia monographs for heparin have been revised to tighten quality control following reports of adverse events. <http://tinyurl.com/5hetkl>

## New Products

**Mycamine 50mg and 100mg powder (micafungin)** Indicated for treatment and prevention of invasive candidiasis in patients with neutropenia. Astellas Pharma, 01784 419615.

## SPC Changes

**Glucobay 100 (acarbose)** Addition of pneumatisis cystoides intestinalis as an undesirable effect of unknown frequency. Bayer, 01635 563000, [www.bayer.co.uk](http://www.bayer.co.uk)

**Prezista 300mg tablets (darunavir)** Information on interactions, including carbamazepine. Janssen-Cilag,

0800 731 8450, [medinfo@janssen-cilag.co.uk](mailto:medinfo@janssen-cilag.co.uk)

**Zomig 5mg nasal spray (zolmitriptan)** Change to undesirable effects. AstraZeneca UK, 01582 836836, [medical.informationuk@astrazeneca.com](mailto:medical.informationuk@astrazeneca.com)

**Imodium (loperamide)** Added general sale information and addition of age to indications. Janssen-Cilag, 0800 731 8450, [medinfo@janssen-cilag.co.uk](mailto:medinfo@janssen-cilag.co.uk)

**CoAprovel (hydrochlorothiazide, irbesartan)** New information relating to pregnancy and lactation. Sanofi Pharma and Bristol-Myers Squibb, 01483 505515 (Sanofi Pharma) or 01895 523000 (Bristol-Myers Squibb), [medical.information@bms.com](mailto:medical.information@bms.com) or [uk-medicalinformation@sanofi-aventis.com](mailto:uk-medicalinformation@sanofi-aventis.com)

**Mimpara (cinacalcet)** Change to indications, which now include primary hyperparathyroidism, and

information on interaction with midazolam. Amgen, 01223

436441 [info@uk.amgen.com](mailto:info@uk.amgen.com)

**Rythmodan capsules (disopyramide)** New information and warnings on hypoglycaemia. Sanofi-Aventis, 01483 505515 [uk-medicalinformation@sanofi-aventis.com](mailto:uk-medicalinformation@sanofi-aventis.com)

**Cholestagel (colesevelam)** Revisions including use with concomitant medicine and effect on bioavailability of the combined oral contraceptive pill. Genzyme Therapeutics, 01865 405200 [ukmedinfo@genzyme.com](mailto:ukmedinfo@genzyme.com)

**Glibenese (glipizide)** Warning on use in patients with G6PD-deficiency. Pfizer, 01304 616161.

**Rifater (isoniazid, pyrazinamide, rifampicin)** Extensive revisions. Sanofi-Aventis, 01483 505515 [uk-medicalinformation@sanofi-aventis.com](mailto:uk-medicalinformation@sanofi-aventis.com)

**Strattera (atomoxetine)** Extensive minor revisions. Eli Lilly

& Co, 01256 315000

[ukmedinfo@lilly.com](mailto:ukmedinfo@lilly.com)

**Imigran (sumatriptan)** New information on use in children and adolescents. GlaxoSmithKline UK, 0800 221441, [customercontactuk@gsk.com](mailto:customercontactuk@gsk.com)

**VFEND (voriconazole)** Added information on visual adverse events and side effects. Pfizer, 01304 616161.

**Zonegran (zonisamide)** Changes to special warnings and precautions, and undesirable effects. Eisai, 0208 600 1400, [Lmedinfo@eisai.net](mailto:Lmedinfo@eisai.net)

## Supply Issues

**Decubal Clinic (dimeticone, lanolin)** Treatment for dry skin conditions presentation discontinued.

**Schwarz products** Many Schwarz Pharma products are now listed as UCB products following a change of ownership.

# Taking pole position

The race to the South Pole in 1911 is being re-enacted in the shape of the Amundsen Omega-3 South Pole Race 2008. Ten teams from around the world will set off in December, competing to complete the 483-mile route to the Pole.

Among the intrepid adventurers are TV presenter Ben Fogle and gold medal-winning rower James Cracknell, who will have to endure temperatures down to -50°C as they ski along pulling sleds weighing 70kg. Progress can be tracked via the website.



Rune Skjoldal, CEO of sponsor Amundsen Omega-3 AS, said: "It is an honour for us to be the title sponsor for the first race in the footsteps of the two great explorers, Scott and Amundsen. The importance of correct nutrition

is absolutely key and Amundsen Omega-3 is using this sponsorship as an extremely apt way to broadcast to the world."

Four products are available in the Amundsen Omega-3 range, with more under development.

## Product info:

Blue Ocean  
Tel: 01329 228 240  
[www.amundsenomega3.com](http://www.amundsenomega3.com)

# It's fresh crème



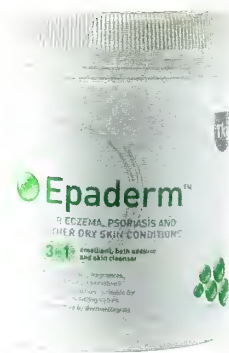
Ensure Plus crème is a new dessert available from Abbott Nutrition. Designed to complement the Ensure Plus range, the product provides 171kcal and 7g protein in each 125g pot. Four flavours are available: banana, chocolate, neutral and vanilla.

Abbott says the Ensure Plus range has given positive results in taste tests with seven out of 10 testers liking the products, an important consideration for patient compliance. Over 30 flavour and style combinations are available in the Ensure Plus range.

# Epaderm joins the big league

A 1kg pot has been added to the Epaderm emollient range from Mölnlycke Health Care. Available on the Drug Tariff from August 1, the 1kg size is designed for patients needing continual emollient therapy and repeat prescriptions. It joins the existing 125g and 500g pack sizes.

According to guidelines on the use of emollients, a 1kg pot of Epaderm should last a month for youngsters under 10 years requiring full body application, and nearly two weeks for older children and adults.



**Price:** £20.68 (retail); £11.44 (DT)  
Mölnlycke Health Care  
Tel: 0800 7311 876  
[info.uk@molnlycke.com](mailto:info.uk@molnlycke.com)

# Udderly soothing

The Udderly Smooth skincare range has been extended with the launch of Foot Cream and Chamois Cream. Both are presented in the brand's characteristic cow print packaging.

The Chamois Cream is designed for cyclists to prevent chafing while the Foot Cream includes shea

butter to soothe and moisturise.

**Price:** £6.99/227g  
**Pip codes:** foot cream 338-0722; chamois cream 338-0730  
Udderly Smooth  
Tel: 0845 003 2210

## Sun Mousse winners...

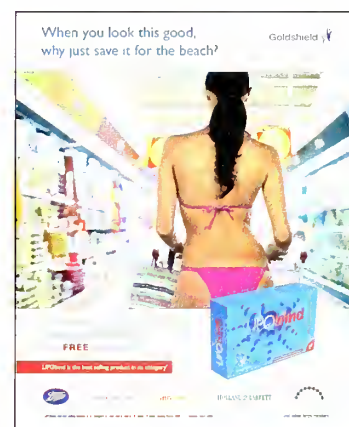
Congratulations to Pareshe Parmar, Gemma Matthews, Richard Clarey, Queda Burge, Brenda Beale and Mark Fletcher, who are all winners in the Sun Mousse giveaway. Each will receive two cans of the product, courtesy of manufacturer Zeon Healthcare.

# Weighty support

Weight management supplement Lipobind is being supported throughout the summer with national press and TV ads. Press ads featuring a 'Bikini body' creative are running until September, while a 30-second TV ad and 10-second sponsorship tag are screening nearly 3,000 times on GMTV and satellite channels. Promotional spend exceeds £1.5 million.

Lucy Benjamin, who played Lisa Fowler in Eastenders, and ex-Blue Peter presenter Katy Hill have been recruited for brand endorsement.

Goldshield reports the brand is the UK's best selling product in its category by cash rate of sale (source: Nielsen, 12 weeks ending March 2008). Lipobind is made from dried cactus extract and two tablets are clinically proven to bind with up to 17g fat, adds Goldshield.



**Product info:**  
Ceuta Healthcare  
Tel: 01202 780558

Two weeks to go

09.08.08

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## Eye on TV stardom

Next week will see the television advertising debut of the Murine eye drops brand. Running through August on GMTV and satellite channels, the campaign sees on-pack graphics brought to life in a bid to catch the viewer's attention. The benefits of each product in the range will be highlighted.

Further information will be made available on the brand's website, says manufacturer Prestige Brands.

### Product info:

Ceuta Healthcare  
Tel: 01202 780558  
www.murine.co.uk

## Products in brief

### Boots bags Bio-Fem

Major Boots stores nationwide are stocking the Bio-Fem nipple care range. Comprising moisturising balm and instant relief compress, they are safe for babies and mums. Passion For Life Healthcare  
Tel: 01372 847272

# Flying start for quit attempts

Look out for smokers buying NRT products to cope with cravings on long journeys and book them in for a stop smoking appointment when they return from holiday, suggests NiQuitin manufacturer GSK.

The thought of hours without being able to smoke can worry smokers. NiQuitin is the only NRT licensed for use for temporary abstinence, says GSK, and the 4mg lozenge can relieve cravings within minutes. A customer buying such a product is the ideal opportunity to discuss a quit attempt, adds GSK.

### Product info:

GlaxoSmithKline Consumer  
Tel: 020 8047 5000



## Cuticura on the move

National TV advertising is underway for the new-look Cuticura hand hygiene brand. The £2 million campaign continues until August 17 on terrestrial and digital channels.

The 10 and 30-second creatives focus on situations where soap and water are not readily available, such as train journeys and days out. They aim to flag up the convenience, ease of use and portability of the Cuticura range.

Five formats are available: lotion, gel, foam, mousse and wipes, suitable for all the family.



### Product info:

Keyline Brands  
Tel: 01732 897757

## Retail TALK

In which event would pharmacy win gold at the Beijing Olympics?

### WEB VERDICT:

Archery:	15%
Cycling:	18%
Swimming:	12%
Marathon:	55%

**Off the shelf view:** Just a bit of fun this week! Our online voters clearly think the pharmacy profession is full of stamina and determination and committed to the long haul, rating the marathon as the most likely gold medal. Slow and steady wins the race, as the saying goes, but not without a good deal of pain.

**This week:** How comprehensive is your pharmacy's nappy offering? Vote online at [www.chemistanddruggist.co.uk/prodnews](http://www.chemistanddruggist.co.uk/prodnews)

For on TV this week see:

[www.chemistanddruggist.co.uk/prodnews](http://www.chemistanddruggist.co.uk/prodnews)

## Products in brief

### Kleenex to the Wall-E

Characters from the new Disney film Wall-E feature on a new facial tissue collection from Kleenex. Cube boxes and pocket packs are available.

Price: cube £1.59; pocket packs £1.23/8

Kimberly-Clark  
Tel: 01732 594000

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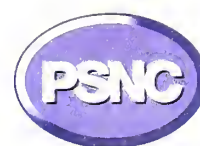
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\*Please note that those ordering the course materials only, and subsequently deciding to register, will have to pay the full registration fee of £150.



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**Jennifer Richardson** offers 10 tips for successfully serving patients who don't speak English

## HOW TO...

# Bridge the language gap

**Y**ou need to make sure the patient leaves knowing how to take their medication. This may sound like stating the obvious, but as NPA head of business development Raj Nutan points out, what if the patient in question speaks only Mandarin? Or Swahili?

Suddenly, fulfilling this most crucial professional responsibility might not seem so easy.

With the opening up of the European Union and increasing use of budget air travel, the chances of pharmacists finding themselves having to serve patients whose first language is not English is not remote. So how can you make sure you are equipped to deal with the situation when it arises?

1

### Make the most of your resources

Pharmacist manager Imraan Khan, of S&S Pharmacy, Bolton, speaks English, Afrikaans, Memoni and some Urdu, as well as understanding Gujarati. But even if your language skills are somewhat less impressive, you might find your pharmacy's staff have some hidden talents.

As Mr Nutan says: "The pharmacy teams that our members recruit often speak that second language themselves." This could be particularly useful if staff are recruited from local communities, as a Lloydspharmacy spokesman points out. "Pharmacy branch staff are regularly recruited from within the communities that Lloydspharmacy serves," he says, "and as a result we often have staff within the branches who are able to speak any languages that are predominantly used within local communities."

2

### Employ a translation service

If you don't have the necessary skills in-house, consider signing up to a translation or interpreter service. Rowlands uses Language Line in about 30 of its branches. With a specially designed dual handset telephone (pictured) installed by Language Line ([www.language-line.co.uk](http://www.language-line.co.uk)), pharmacists can be conversing with their patients in one of 170 languages via a professional translator, in less than a minute, for about £1.50 per minute.

Rowlands' area manager for west Scotland, David Young, says pharmacists on his patch using the service have described it as "excellent". He says: "It's quick to use and it's convenient. It only takes a minute or two longer than a normal consultation."

Sanjay Nath, a pharmacist at a Middlesbrough Alliance branch, uses an interpreter service, Everyday Language Solutions ([www.everydaylanguage-solutions.co.uk](http://www.everydaylanguage-solutions.co.uk)), to carry out

MURs for non-English speaking patients. "Patients even recommend it to other people," he says. Nothing's foolproof,

though – Mr Nath jokes about the time he booked a Cantonese translator for an elderly Chinese lady who actually spoke Mandarin: "Luckily the translator did both."

3

### Approach your PCT

Mr Nath's use of the Everyday Language Solutions interpreter service is paid for by his local PCT. He found out about the availability of this funding via local GP practices, and has tried to make other pharmacists in the area aware of it, too. Pharmacists in other areas might also be able to benefit, he thinks, and advises: "I think pharmacists should be contacting their PCTs and asking, 'Do you offer this service and, if so, how can I access it?'"

4

### Tailor your service

In his west Scotland area, Mr Young has chosen the branches that have the Language Line translation service with care. For example, he says, a branch in Glasgow's Nithsdale Road has a large Asian population in the vicinity and a Springburn (Glasgow) store often serves asylum seekers. Culloden and Forres branches deal with an influx of tourists during the summer months, and Mr Young has also made sure the service is available in a branch open 365 days a year. He says: "I have chosen specific branches based on accessibility, opening hours and on what would benefit patients in that particular area."

5

### Seasonal demand

The needs of your local community might change over the course of the year, either because of a tourist influx, or seasonal events. The Co-operative Pharmacy is this month preparing to launch an MUR initiative focusing on helping Muslim patients manage their medication during the fasting period of the Ramadan festival. Commercial director Gordon Farquhar explains the idea: "There are lots of medication issues that arise when Muslim patients are fasting, especially for diabetics or patients who need to take their medication with food."

Leaflets publicising the service – in Urdu and Hindi as well as English – will be handed out in 40 selected branches with a Muslim population of 10 per cent or greater within a one mile radius, and there will be a member of staff fluent in Hindi or Urdu present during the MURs where possible.

6

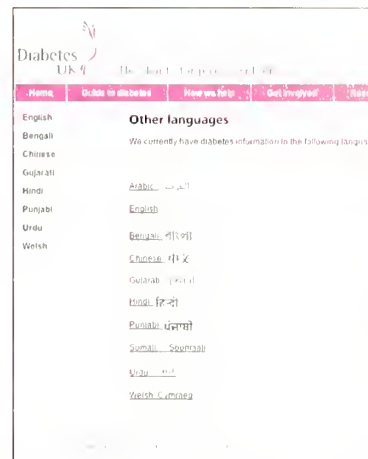
### Know your regulars

And as well as being aware of the needs of your local community in general, you can also cater specifically for regular individual customers. Mr Khan, who was runner-up in the 2006 Almus Patient Safety Award, keeps a note of any language requirements for regulars. He advises: "Try and put your records in order. You'll see the same people again and again."

## 7 Tap into third party expertise

Some charities provide translated information about their area of expertise to help healthcare professionals communicate with patients whose first language is not English. FAQs on asthma, for example, are available to download in over 20 languages from Asthma UK's website, [www.asthma.org.uk](http://www.asthma.org.uk).

A similar resource is available for diabetes at [www.diabetes.org.uk/other\\_languages](http://www.diabetes.org.uk/other_languages). It may also be worth getting to know local charities and patient groups in your area, for instance, the Newcastle Refugee & Asylum Seekers Health Action Group has 'pharmacist cards' with instructions on how to take medication in eight languages at [www.nnt.nhs.uk/asylum](http://www.nnt.nhs.uk/asylum).



## 8 Provide multilingual labels

At S&S Pharmacy, Mr Khan can provide patients with information leaflets and dispensing labels in Gujarati, Punjabi and Urdu as well as English. It's well worth the extra effort to do this for your patients, he says: "They do really appreciate what you do for them."

## 9 Use visual aids

Not leaving anything to chance, Mr Khan also uses universally identifiable visual aids to help him explain the treatment to a patient. For example, sun and moon symbols tell a patient of any language whether to take their medication in the morning or the evening.

## 10 Use your initiative

At the end of the day, Mr Nutan concludes, it doesn't matter what method you use to bridge a language gap, as long as you do so successfully. "The over-riding thing is making sure pharmacists fulfil their ethical and professional responsibility in making sure patients know how to take their medicines properly," he reiterates.

If your pharmacy rarely serves customers who do not speak English, this may simply involve using your initiative when the occasion arises. "Pharmacists really need to use their professional judgement. If it's a one-off and they don't have access to an interpretation service, then they'll need to find a family member who can help," he explains.

But for pharmacies in tourist hotspots or those with a large local population of non-English speakers, it makes sense to have a more robust plan in place, he adds. "In areas where it's likely to happen, pharmacists should have a contingency plan."



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<b>Gloucester</b>		
<b>(Health Centre Pharmacy)</b>	<b>T/O C:</b>	<b>£810,000</b>
<b>Devon</b>	<b>T/O C:</b>	<b>£800,000</b>
<b>Herts</b>	<b>T/O C:</b>	<b>£770,000</b>
<b>Dumfries/Galloway</b>	<b>T/O C:</b>	<b>£700,000</b>
<b>N. London</b>	<b>T/O C:</b>	<b>£700,000</b>

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\*May-June '07 Linda Jones Associates

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Perspi-Guard 50ml  
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SSP: £12\*

**NET: £4.20**  
IP: £3.82

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Underarm Sweat Shields  
**CODE: PERSSHIELD**

Hygienic and disposable. Self adhesive, absorbent shields which are placed into armhole of a garment.

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IP: £2.82

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60g Deodorant Rock  
**CODE: PERSROCK**

100% natural product, mined from ancient salt mines on the Asian continent. No chemicals - just natural ingredients.

SSP: £4.50\*

**NET: £1.45**  
IP: £1.49

\* Prices shown are per pack but sold as Perspi-Guard & Perspi-Shield - box of 6; Perspi-Rock - box of 12.

tel: 020 8204 2224 fax: 020 8204 0224 web: [www.mashco.com](http://www.mashco.com)

Offer applies to purchases made between 1st July - 31st July 2008. Products shown are for illustrative purposes and are not to scale. E&OE • Net prices are after settlement discount 2.5% • Goods subject to availability • VAT at standard rate



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# postscript

What have you and your team been up to lately?  
Let us know and send us your photos.  
Email [postscript@cmpmedica.com](mailto:postscript@cmpmedica.com)

## On yer bike, Mike

Congratulations go to Mike Holden, chief officer of Hampshire & Isle of Wight LPC, who has cycled from London to Paris raising funds for the Meningitis Trust.

Joining 29 other cyclists, Mike covered a distance of 300km in just "three saddle-sore days" and hopes to raise £2,500. In total the group has already raised more than £30,000 for the cause.

To donate visit:  
[www.justgiving.com/michaelholden](http://www.justgiving.com/michaelholden)



## Web comment of the week

Contractors critical of £3.5m prescription switching deal

Posted by Graham Phillips, on 17/07/2008 22:11

**This is utterly ludicrous!... If contractors made ongoing errors (to their own benefit) on this scale they would be charged with defrauding the NHS...**

**Why don't all the contractors club together and take a class action – sue the NHS?**

**I'm sure that would soon bring them to the negotiating table**



Have your say on C+D's website  
register for free at [www.chemistanddruggist.co.uk](http://www.chemistanddruggist.co.uk)

## Claire wins the Apprentice (award)

A Dales Pharmaceuticals employee beat competition from other industries to claim the prestigious Apprentice of the Year award.

Claire Harrison, now a team leader in the packing department, completed an apprenticeship in team leading with the North Lancs Training Group. Since becoming leader, she has reduced absenteeism from 11 per cent to 2 per cent.

The Learning and Skills Council's Apprenticeship Awards saw almost 1,400 individuals and companies from across England fighting to be named Apprentice or Employer of the Year.



## Rowlands' Branch of the Year

The pharmacy team at Rowlands' Ashington pharmacy in Northumberland celebrate after being named Branch of the Year.

Pharmacist branch manager Russell Buglass holds the trophy high with area manager Kathryn Brown, who nominated the Ashington team for their "excellent service for the local community".

Kathryn said: "The feedback from so many happy customers is the best endorsement they could have."

The team (including, pictured from left to right with Rowlands MD Kenny Black, Paula Snowdon, Jennifer Hogg, Kylie Gray, Tania Smith and Gillian Young) were treated to an all expenses paid night out, as well as wine and flowers.



## Going naked?

C+D was intrigued to receive an email entitled Sanctuary Sales Director Goes Naked this week. But there were no pictures attached, and closer inspection revealed the true tale behind the headline.

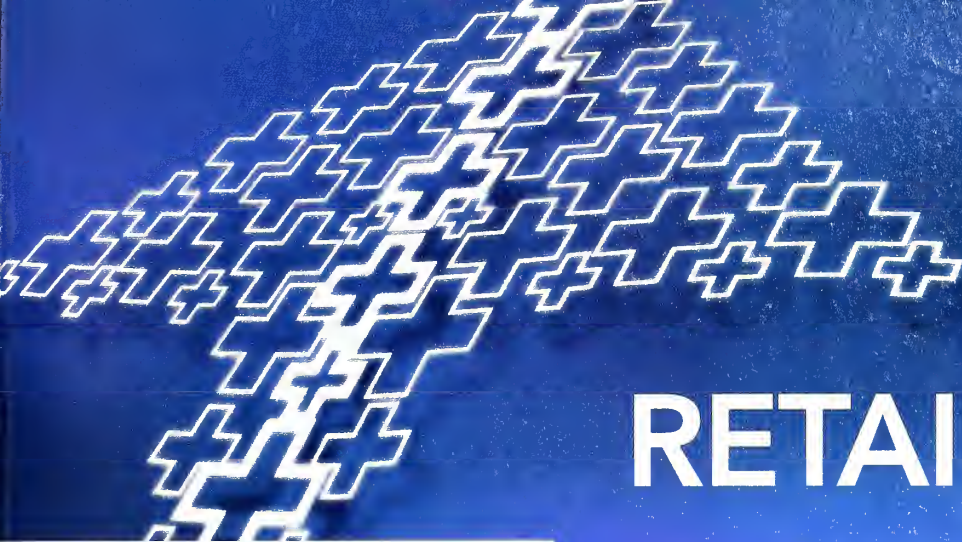
Leanne Hill, sales director of The Sanctuary Spa, has joined the Enormous Yes Company, which owns the Naked toiletries brand.

Leanne, who has previously worked in a variety of buying and marketing roles, including at Boots, will be managing director at the company.

Perhaps it was all in our minds?



Read Dee Spencer and other C+D blogs online at:  
[chemistanddruggist.co.uk/deespencer](http://chemistanddruggist.co.uk/deespencer)



# RETAIL SKILLS

## for PHARMACY STAFF



Retail Skills for Pharmacy Staff is a distance learning course from Chemist + Druggist and

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- One folder of 10 modules can be shared among staff. Individual workbooks are issued to staff members on registration
- Content based on Pharmacy Services NVQ2 – complements product knowledge learnt in MCA courses such as Counterpart



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To find out more about Retail Skills, to enrol members of staff or to order your learning modules over the phone call:

**Pauline Sanderson on 01732 377269, email [psanderson@cmpmedica.com](mailto:psanderson@cmpmedica.com)**  
OR complete the form below

To: Pauline Sanderson, Pharmacy Projects, CMP Information, Riverbank House, Angel Lane, Tonbridge, Kent TN9 1SE

Pharmacist: ..... Pharmacy name: .....  
Address: .....  
.....  
Postcode: .....  
Phone no: ..... Email: .....  
**Orders will not be accepted without a telephone number**

☐ Cheque enclosed (payable to CMP Information)  
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Card Type(Visa/Mastercard/Switch/AmEx).....  
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Address of cardholder:.....

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Signature:..... Date:.....

	Number	Total
Retail Skills Learning Modules		
Number of sets @ £41.13 (inc VAT).....	.....	£.....
Course registration fee		
Number of staff @ £41.13 (inc VAT)....	.....	£.....
Name:.....		
Name:.....		
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Depression, irritability, anxiety, nervousness, restlessness, mood lability, drowsiness, impaired concentration, insomnia, sleep disturbance. Allergic reactions, abnormal dreams, nausea, vomiting, dry mouth, GI disturbance, headache, dizziness, palpitations, tachycardia, tremor, dyspnoea, pharyngitis, cough, arthralgia, myalgia, sweating, chest pain, fatigue, malaise, flu-like symptoms. See SPC for full details. **Pregnancy/lactation:** For those unable to quit unaided the risk of continued smoking is greater than the risk of using NRT. Start treatment as early as possible in pregnancy for 2-3 months: Lozenge/gum preferable to patches unless nauseous. Remove patches at bedtime. **GSL PL 00079/0366, 0367, 0368, 0356, 0355 & 0354. PL holder:** GlaxoSmithKline Consumer Healthcare, Brentford, TW8 9GS, U.K. **Pack size and RSP:** All strengths: 7 patches £15.63; Step 1 only 14 patches £29.44. **Date of revision:** July 2007. **NiQuitin** and **Click2Quit** are registered trade marks of the GlaxoSmithKline group of companies.



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Chemist+Druggist

# Price service



## VITABIOTICS

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This Supplement updates the latest Chemist & Druggist Monthly Price List. It provides a list of amendments for this week only. This supplement should not be discarded until receipt of the next monthly price list. Trade prices are per unit unless otherwise stated.

Italic figure (0.14) is the manufacturers recommended price. Light upright (0.14) is a suggested guide. a = price advanced. r = price reduced. ● = new entry. d = deleted. c = change or correction. i = insert. **Two simple rules for price checking.** 1. Look under 'This Week's changes'. If price is not listed. 2. Refer to the last main price list. Price is latest notified.

## This week's changes to the August Price List.

	PIP code	Trade	VAT	Retail
<b>AMBI-PUR</b> (Sara Lee H/Hold & Body Care)				
Effective July 31				
3volution		21.76(4)	S	7.99
winter woodland 338-8758				
refills		18.34(6)	S	4.49
winter woodland 338-8766				
candle	120g	12.21(6)	S	2.99
winter woodland 319-5831				
fresh spirit 316-0876, sweet memories 316-0850, soothing bath 316-0868				
electricals plug-ins				
primary		22.43(6)	S	5.49
mystic time 311-9823, after tobacco 287-6860, zoom 311-9807				
dream away 311-9815, april 287-6837, sky 287-6829				
wild white rose 338-8733, winter woodland 338-8717				
refill		23.84(9)	S	3.89
zoom 311-9831, dream away 311-9849, mystic time 311-9856, sky 287-6944				
april 287-6951				
<b>AMBI-PUR PURESSE</b> (Sara Lee H/Hold & Body Care)				
Effective August 1				
allergen reduced air fresheners				
plug-ins		20.38(6)	S	4.99
lons 338-8832				
refills		24.45(9)	S	3.99
lons 338-8840				
<b>APRINOX</b> (Amdipharm)				
(bendroflumethiazide)				
tablets	2 5mg 500 001-5958	27.31	S	POM
5mg	500 001-5974	38.79	S	POM
<b>BABY JOY</b> (Sabre Supply)				
gripper bottle	255-1513	8.40(12)	S	
orthodontic soothers	2 266-4662	8.16(12)	S	
training cup	255-1471	10.50(12)	S	
<b>CALSALETTES</b> (Torbet Labs)				
(aloin 38mg)				
tablets	38mg 60	2.97	S	4.99PSL
uncoated 091-8680, sugar coated 091-8672				
<b>CLARELUX</b> (Pierre Fabre Dermo Cos.)				
(distributors Mawdsley-Brooks & Co)				
(clobetasol 500mcg/g)				
foam	100ml 237-6309	11.06	S	POM
<b>CLEARZAL</b> (Zeon Healthcare)				
calus creme	118g 325-4455	5.95	S	9.99
<b>CLINELL</b> (Fannin)				
(alcohol 2%, chlorhexidine)				
wipes				

	PIP code	Trade	VAT	Retail
disinfecting	200 CA2C200 339-8781	3.50	S	4.70
<b>COVONIA</b> (Thornton & Ross)				
Effective August 1				
hot flu mixture	150ml 305-1190	17.97(6)	S	4.79 P
<b>CUTICELL CLASSIC</b> (BSN Medical)				
Effective August 1				
paraffin gauze dressing	10cm x 10cm 339-9714	0.27	S	DT
<b>CUTICURA</b> (Keyline Brands)				
Hygiene Plus				
hand hygiene				
crackling mousse	50ml 337-8270	23.76(10)	S	3.49
foamer	50ml	20.35(10)	S	2.99
apple 337-8221, orange 337-8239, original 337-8262				
wipes		16.94(10)	S	2.49
juicy apple 337-8247, squeaky orange 337-8254				
<b>Performance Plus</b>				
cucumber miracle moisturiser	100ml 279-7710	6.09(6)	S	1.49
<b>CUTINED SORBACT</b> (BSN Medical)				
Effective August 1				
ribbon gauze dressing	2cm x 50cm 339-9482	3.74	S	DT
5cm x 200cm 339-9490		7.37	S	DT
<b>CUTISORB LA</b> (BSN Medical)				
absorbent dressing	5cm x 5cm 339-9680	0.08	S	
10cm x 10cm 339-9698		0.14	S	
10cm x 20cm 339-9706		0.29	S	
<b>DEPOSIT 10</b> (UCB Pharma)				
(distributors UDG)				
(glyceryl trinitrate 10mg/24hr)				
patches	28 243-2888	17.57	S	P
<b>DEPOSIT 5</b> (UCB Pharma)				
(distributors UDG)				
(glyceryl trinitrate 5mg/24hr)				
patches	28 243-2896	15.96	S	P
<b>DIOCTYL</b> (UCB Pharma)				
(distributors UDG)				
(docusate sodium 100mg)				
capsules	30 201-6855	2.40	S	4.23 P
100 057-9409		8.00	S	14.10 P
<b>ELANTAN</b> (UCB Pharma)				
(distributors UDG)				
(isoxorbide mononitrate)				
tablets	10mg 56 240-7971	3.31	S	P
10mg 84 240-7989		4.97	S	P
20mg 56 242-2509		4.32	S	P



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			PIP code	Trade	VAT	Retail				PIP code	Trade	VAT	Retail	
	20mg	84	242-2517	6.13	S	P	d	adult	WS11005Q	227-1518	28.10	S		a
	40mg	56	251-4495	7.03	S	P	c	sheaths						
	40mg	84	259-6021	10.56	S	P	d	non-allergic film type	WS16101N	210-2820	1.17(10)	S		a
ELANTAN LA 25 (UCB Pharma)								urinal with plastic bags						
(distributors UDG)								male pubic pressure	5 PP2	224-2246	66.81	S	DT	c
(isosorbide mononitrate 25mg)								urinals Surrey Mk 1						
capsules	28	085-6088	6.59	S	P	c		pubic pressure flange	WP13032S	227-1450	60.18	S	DT	d
ELANTAN LA 50 (UCB Pharma)								narrow belt flange			24.71	S	DT	
(distributors UDG)								38mm wide WL113836R 91cm	227-1369, 38mm wide WL113838V 97cm	227-1393			c	
(isosorbide mononitrate 50mg)								38mm wide WL113840G 102cm	227-1377				c	
capsules	28	006-0202	10.54	S	P	c		non-slip belt						
EUCERIN (Beiersdorf)								button & buckle						
(urea 10%)								elasticated long	WL1322532L-81cm	280-7717	13.91	S		a
extremely dry skin cream									WL1322534Q-86cm	280-7766	13.91	S		a
with urea	100ml	336-0120	37.95(5)	S	12.39	a			WL1322538Y-97cm	285-5617	13.91	S		a
EYLURE (Original Additions)									WL1322544T-112cm	309-2020	13.91	S		a
lashes								tape ends & loops						
Vivid				27.36(6)	S	8.00		long	WL1330124Q-24in	228-0162	19.98	S		a
black widow 60 91 108 6 339-9995, flutterby 6090104 2 340-0017							*		WL1330132P-81cm	280-8285	20.37	S		a
necromancer 6091103 2 340-0025									WL1330134T-86cm	280-8293	20.37	S		a
Vivid									WL1330136X-91cm	280-7741	20.37	S		a
strut	2	6091101	340-0033	42.78(6)	S	12.50			WL1330138C-97cm	280-7709	20.37	S		a
Vivid		6		22.26(6)	S	6.50			WL1330140N-102cm	280-7758	20.37	S		a
burning bright 60 91 107 340-0009							*	ostomy range						
FRESH ONES (Sabre Supply)								St Mark's flange						
adult wipes	30	255-1448	23.52(48)	S		d		blue & brown 10mm deep 76mm base			24.37	S		a
	100	011-2250	9.60(12)	S		d		38mm diam WK14438Q 211-3173					a	
breast pads	30	266-4696	13.20(12)	S		d		blue & brown 13mm deep 76mm base			24.37	S		a
baby wipes	30	226-8647	23.52(48)	S		d		25mm diam WK141255 211-3165					a	
pocket pack	80	226-8621	19.80(12)	S		d		blue & brown 16mm deep						
pop-up								38mm diam	WK14738D-76mm base	211-3181	24.37	S		a
puppy wet wipes	160	022-7702	14.16(12)	S		d		blue 10mm deep	76mm base	16.80	S		a	
regular								38mm diam WK13538P 211-3132					a	
FRESCUBIN (Fresenius Kabi)								blue 13mm deep						
Energy Fibre								25mm diam	WK13225R-51mm base	211-3157	16.80	S		a
2250 complete	1500ml	319-0345	11.39	Z	BS	c		St Mark's pattern flanges						
GLUCOMEN (A. Menarini Diagnostics)								with dressing retainer	WK12601N-38mm	211-3124	19.97	S		a
lancets no-dol	100	30g	340-0140	3.48	S	DT	*	with canopy	WK12602Q-38mm	211-3256	19.97	S		a
(VAT exempt for registered diabetics)								10mm deep	76mm base	15.81	S			
	200	30g	340-0132	6.74	S	DT	*	32mm diam WF11532Q 211-3066, 38mm diam WK11938V 211-3082					a	
(VAT exempt for registered diabetics)								13mm deep						
GLUCOMEN LX (A. Menarini Diagnostics)								25mm diam	WK11125B-51mm base	211-3207	15.81	S		a
blood glucose testing system	38968	332-8218	8.66	S	15.26	r		WK11325K-76mm base	211-3215	15.81	S		a	
GLUCOMEN VISIO (A. Menarini Diagnostics)								16mm deep						
blood glucose testing system	319-0949	5.99	S	10.56	r			32mm diam WF11732Y: 76mm base 211-3074					a	
GLUTAFEN (Glutafin)								38mm diam WK12138R 76mm base 211-3090					a	
gluten & wheat free products								44mm diam WK12344U 102 base 211-3108					a	
biscuits								51mm diam WK12551A 102mm base 211-3116					a	
variety biscuit pack	200g	235-8059	38.06(12)	S	4.22	d		plastic pressure plate			8.36	S		
cakes								standard	adult WK00425C 25mm 055-5540, adult WK00438M 38mm 055-6050				a	
banana cake	250g	240-5223	13.44(6)	Z	2.98	d		adult WK00432Y 32mm 055-6043					d	
HANDCARE (Veggie-Mart.co.uk)								surrey	32mm		8.36	S		
examination gloves								surrey model WK00132L 211-0906					a	
latex	100		3.32	S	6.80	a		web & elastic belts						
powder-free ex small 309-1808, powder-free small 309-1816						a		with tape ends						
powder-free medium 309-1824, powder-free large 309-1832						a		child 38mm wide	WL1293826X-66cm	227-1302	13.91	S	DT	c
powder-free ex large 309-1840						a			WL1293828C-71cm	309-2392	13.91	S	DT	c
latex powdered			2.40	S	5.65	d			WL1293830N-76cm	227-1310	13.91	S	DT	c
100's ex small 309-1857, 100's small 309-1865, 100's medium 309-1873						d			WL1293836B-91cm	227-1336	13.91	S	DT	c
100's large 309-1881, 100's ex large 309-1899						d		with tape ends						
nitrile	100		5.14	S	11.30	a		child 25mm wide	WL1292528J-71cm	227-1260	9.99	S	DT	c
powder-free small 279-7637, powder-free medium 291-2673						a		with velcro fastening	28in		12.53	S	DT	d
powder-free large 309-1733						a		25mm wide WL082528D 278-2902						
vinyl powdered			2.70	S	6.30	d		wire pressure frames						
100's small 309-1774, 100's medium 309-1782, 100's large 309-1790						d		with hook & lug	WK01232V-32mm	309-2327	10.19	S		a
HANDIKLENZ (Zeon Healthcare)									WK01238F-38mm	309-2335	10.19	S		a
skin sanitising foam	50ml	305-6819	2.20	S	3.99	a			WK01244D-44mm	309-2343	10.19	S		a
HERBAL CARE (R B Enterprises)									WK01251A-51mm	309-2350	10.19	S		a
natural organic								organic mixes						
shampoo	250ml	340-0173	54.72(6)	S	15.99	*		instant tomato & basil soup	4 17g	283-2939	5.71(8)	Z	1.19	c
HERBALACHE (Herbaeutica Pharma)								KEST (Torbet Labs)						
(distributors IXL Pharma)								(magnesium sulphate 300mg, phenolphthalein 50mg)						
Effective August 1								laxative tablets	50	042-9639	1.90	S	3.21 SL	d
mixture	150ml	319-0220	11.56	S	P	d		L'OREAL (L'Oréal)						
ISOKET 0.05% (UCB Pharma)								Recital Preference						
(distributors UDG)								permanent hair colour				S	8.45	
(isosorbide dinitrate 5mg/10ml)								tuscany 6.23 272-9903, caracus 4 15 272-9887						
bottle	50ml	041-9234	8.94	S	POMHP	c		LEUKOMED (BSN Medical)						
ISOKET 0.1% (UCB Pharma)								non-woven dressing						
(distributors UDG)								7.2cm x 5cm	339-9557	0.08	S		*	
(isosorbide dinitrate 1mg/ml)								8cm x 10cm	339-9565	0.17	S		*	
ampoules	10 10ml	019-6956	33.66	S	POMHP	c		8cm x 15cm	339-9573	0.30	S		*	
bottle	50ml	001-1270	16.70	S	POMHP	c		10cm x 20cm	339-9581	0.40	S		*	
ISOKET RETARD 20 (UCB Pharma)								10cm x 25cm	339-9631	0.45	S		*	
(distributors UDG)								10cm x 30cm	339-9649	0.58	S		*	
(isosorbide dinitrate 20mg)								10cm x 35cm	339-9656	0.67	S		*	
tablets	56	241-6436	3.23	S	P	c		MACLEANS TOTAL HEALTH WHITENING (GlaxoSmithKline Consumer)						
ISOKET RETARD 40 (UCB Pharma)								toothpaste						
(distributors UDG)								tube	100ml	339-9466		S	1.99	*
(isosorbide dinitrate 40mg)								MASON PEARSON (Mason Pearson)						
tablets	56	240-5629	7.95	S	P	c		Effective August 1						
JADE-EURO-MED (Jade-Euro-Med)								combs						
Chiron range								cutting	C6	297-1711	3.55	S	6.25	a
rubber flange								detangling	C2	270-8691	4.14	S	7.30	a
double base								dressing	C1	270-8683	3.80	S	6.70	a
WK16038J-38mm	210-2705	24.60	S			a		pocket	C5	270-8725	2.64	S	4.65	a
rubber flange diaphragm								rake	C7	297-1737	4.62	S	8.15	a
10mm deep								styling	C4	270-8717	3.18	S	5.60	a
38mm diameter	WK10238K-10mm x 38mm	210-2648	18.56	S		a								

PIP code Trade VAT Retail					PIP code Trade VAT Retail									
blue B1B 319-2135, dark B1D 016-9904, ivory white B1I 319-2127					a	sachets	6	008-5324	8.89(6)	S	3.29	GM	a	
pink B1P 319-2143					a	(sodium citrate 4g)								
extra small			41.28	S	72.75	glucose powder	450g	273-3293	5.80(6)	Z	1.39		a	
blue B2B 319-2176, dark B2D 016-9888, ivory white B2I 319-2168					a	+ vitamin C								
pink B2P 319-2184					a	handwash	500ml	244-6037	4.20(6)	S	1.39		a	
gentle nylon			17.73	S	31.25	anti-bacterial								
blue NG2B 319-2549, dark NG2D 016-9862, ivory white NG2I 319-2531					a	ibuprofen	100ml	107-0176	12.60(12)	S	2.29	PDT	r	
pink NG2P 319-2556					a	junior suspension								
handy					a	(ibuprofen 100mg/5ml)								
bristle & nylon			20.71	S	36.50	max strength tablets	48	220-4956	7.14(6)	S	2.79	P	r	
blue BN3B 319-2440, dark BN3D 016-9854, ivory white BN3I 319-2432					a	(ibuprofen 400mg)	24	024-0564	5.04(12)	S	0.99	P	a	
pink BN3P 319-2457					a	tablets								
handy bristle			32.48	S	57.25	(ibuprofen 200mg)	48	085-5098	4.98(6)	S	1.59	P	r	
blue B3B 319-2218, dark B3D 016-9847, ivory white B3I 319-2200					a	(ibuprofen 200mg)								
pink B3P 319-2226					a	rehydration treatment	6	232-9852	6.36(6)	S	2.19		r	
handy nylon			15.46	S	27.25	sachets								
blue N3B 319-2663, dark N3D 016-9839, ivory white N3I 319-2655					a	sleep-and								
pink N3P 319-2671					a	tablets	20	224-9001	8.00(8)	S	2.19		r	
junior			23.83	S	42.00	(diphenhydramine 25mg)								
blue BN2B 319-2408, dark BN2D 016-9896, ivory white BN2I 319-2390					a	OLAY (Procter & Gamble)(HB&C))								
pink BN2P 319-2416					a	moisturising bath foam					S	3.59		
pocket						baby protect 339-9615, complete care 339-9623, fresh reviving 339-9607							*	
bristle & nylon			14.61	S	25.75	ONE TOUCH (Lifescan)								
blue BN4B 319-2614, dark BN4D 016-9813, ivory white BN4I 319-2606					a	Effective August 1								
pink BN4P 319-2630					a	test strips	50	02084801	089-3990	14.37	S		a	
pocket bristle			16.88	S	29.75	ONE TOUCH ULTRA (Lifescan)								
blue B4B 319-2515, dark B4D 016-9805, ivory white B4I 319-2507					a	Effective August 1								
pink B4P 319-2523					a	test strips	50	02029805	285-9577	14.53	S		a	
pocket nylon			9.08	S	16.00	ONE TOUCH ULTRA SOFT (Lifescan)								
blue N4B 319-2721, dark N4D 016-9789, ivory white N4I 319-2713					a	Effective August 1								
pink N4P 319-2739					a	lanets	100	28G0-4mm	285-9593	3.56	S	6.15	DT	a
pocket sensitive			16.88	S	29.75	PERDIX (UCB Pharma)								
blue SB4B 319-2747, dark SB4D 270-8576, ivory white SB4I 319-2572					a	(distributors UDG)								
pink SB4P 319-2754					a	(mocapril hcl)								
popular ladies			28.94	S	51.00	tablets	7.5mg	28	225-8317	7.55	S		POM	c
blue BN1B 319-2358, dark BN1D 016-9912, ivory white BN1I 319-2341					a	15mg	28	225-8325	8.70	S			POM	c
pink BN1P 319-2374					a	PHASIONT LA50 (UCB Pharma)								
sensitive			27.66	S	48.75	(distributors UDG)								
blue SB3B 319-2242, dark SB3D 033-2395, ivory white SB3I 319-2234					a	(isosorbide mononitrate 50mg)								
pink SB3P 319-2259					a	capsules	28	299-8813	7.80	S		P		d
universal nylon			17.73	S	31.25	PHYSIOLOGICS (US Nutrition)								
blue NU2B 319-2473, dark NU2D 016-9870, ivory white NU2I 319-2465					a	vitamin B1								
pink NU2P 319-2481					a	tablets 100mg	100	339-9730	17.10(6)	S	4.99		*	
shaving brushes						POCKETSCAN (Lifescan)								
badger	SP	208-7161	23.97	S	42.25	Effective August 1								
super badger	SS	208-7179	42.70	S	75.25	blood glucose test strips	50	01087205	261-0921	14.19(5)	S		DT	a
wood back hairbrushes						PRESTIGE SMART SYSTEM (Home Diagnostics)								
gentle	NG2W	212-4584	44.26	S	78.00	Effective August 1								
junior ladies	BN2W	212-4543	51.63	S	91.00	blood glucose test strips	50	276-8513	14.51	S	25.57		a	
ladies	B1W-ex large	212-4485	70.07	S	123.50	(VAT exempt for registered diabetics when presenting a GP letter)								
	B2W-ex small	212-4501	66.95	S	118.00	PRETTY (Sahre Supply)								
popular ladies	BN1W	212-4527	55.32	S	97.50	cosmetic pads	80	044-2012	25.75(50)	S			d	
extra large						cotton buds	100	044-1998	8.04(24)	S			d	
junior	B1MW-ex large	212-4493	70.07	S	123.50		180	255-1380	10.00(24)	S			d	
extra small	B2MW-ex small	212-4519	66.95	S	118.00	a	200	226-8662	11.52(24)	S			d	
junior	BN2MW-junior	212-4550	51.63	S	91.00	a	baby							
popular	BN1MW	212-4535	55.32	S	97.50	a	bath	250ml	009-0597	5.04(12)	S		d	
universal	NU2MW	212-4576	44.26	S	78.00	a	lotion	250ml	009-1090	5.88(12)	S		d	
arm butler	900-D-standard	339-9664	38.50	S	54.29	a	oil	250ml	009-0936	8.16(12)	S		d	
arm butler	900-C-large	339-9672	38.50	S	54.29	a	powder	350g	009-1603	8.16(12)	S		d	
MEDOCODENE (UCB Pharma)						a	shampoo	250ml	009-1439	5.04(12)	S		d	
(distributors UDG)						a	southers	24	013-1599	3.25	S		d	
(paracetamol 500mg, codeine plusphate 30mg, co-codamol )						a	wet wipes	100	011-2524	9.60(12)	S		d	
capsules	100	268-8000	7.64	S	POM,CDI	d	feeding bottle	250ml	042-5769	3.42(6)	S		d	
effervescent tablets	90	318-4371	7.94	S	POM,CDI	d	with latex teat	125ml	255-1406	3.42(6)	S		d	
MYCAMINE (Astellas Pharma)						d	with silicone teat	250ml	255-1398	3.65(6)	S		d	
(micafungin)							cleansing pulis	50	044-2038	13.88(50)	S		d	
powder for solution 60mg	339-8351	196.08	S		POM	*	coloured	100	044-2046	15.86(36)	S		d	
100mg	339-8344	341.00	S		POM	*	cleansing roll	350g	046-9775	34.32(24)	S		d	
NAN HAI (Nestle Nutrition)						*	maxi	100g	046-9759	16.56(36)	S		d	
infant formula	400g	287-0129	42.12(12)	Z	4.29	d	mini							
NAN HA2 (Nestle Nutrition)							nappy bags	50	022-7181	43.92(72)	S		d	
follow on formula	900g	304-1753	51.66(6)	Z	10.56	r	scented	200	273-8615	32.94(30)	S		d	
infant formula	400g	287-0137	42.12(12)	Z	4.29	r	pleats							
NATURES AID (Natures Aid)							economy	200g	011-4975	18.84(24)	S		d	
brewers yeast	1000	052-8018		S	5.49	a	handy	50g	011-4967	12.24(48)	S		d	
tablets 300mg							pure cotton balls	50	042-5751	13.88(50)	S		d	
magnesium amino acid chelate	60	337-8064	34.00(10)	S	5.99	a	white	100	041-0894	15.86(36)	S		d	
with vitamin B6							sanitary towels							
tablets 150mg							partly shield	30	010-9413	10.20(24)	L		d	
multivitamin & minerals							regular	10	030-4824	22.50(72)	L		d	
high strength							super	20	010-9553	19.26(36)	L		d	
tablets 1000mg	30	225-8093	31.10(10)	S	5.49	a		10	023-1191	23.40(72)	L		d	
vitamins								20	040-0846	21.60(36)	L		d	
B complex mega potency	30	337-8155	38.00(10)	S	6.69	a	QUIT NITS (Wild Child PTY)							
tablets							(distributors Blue Ocean Sales Brokers)							
NEUPRO (UCB Pharma)							head lice treatment							
(distributors UDG)							advance cream twin pack	2	60ml	340-0165	37.38(6)	S	10.99	*
(roflumetinol)							advance medicated cream	60ml	320-7602	4.53	S		7.99	c
transdermal patch	2mg/24hr	28	229-4445	77.24	S		defence spray	125ml	320-7586	5.66	S		9.99	c
4mg/24hr	28	229-4452	117.71	S			eliminator	125ml	320-7594	5.66	S		9.99	c
6mg/24hr	28	229-4460	142.79	S			RHINOPINCH (Medical Devices Tech Int )							
8mg/24hr	28	229-4478	142.79	S			single use disposable							
transdermal patch							nasal clip	5	40145	339-9771		S	5.63	*
starter pack	28	229-4437	142.79	S			RIZOPIA (PGR Health Foods)							
NEW BABY (General Healthcare)							gluten free brown rice pasta	500g			2.50	Z	3.45	BS
water purifier							fuadli 340-0074, penne 340-0082, spaghetti 340-0090							*
continual flow		047-6879	9.85	S	15.28	d	gluten free brown rice pasta							
filter refill		047-6887	3.65	S	6.08	d	lasagne	375g	340-0108		2.50	Z	3.45	BS
NITROCINE (UCB Pharma)							TINTI (Your Own Brand)							*
(distributors UDG)							bathwater colours							
(glyceryl trinitrate 1mg/ml)							sachets	3	339-9383	1.50	S	2.50		*
ampoules	10	10ml	038-8215	73.44	S		crackling bath							
bottle	50ml	038-8744	17.21	S			sachets	3	339-9391	1.50	S	2.50		*
NIVEA (Beiersdorf)							TRUETRACK (Home Diagnostics)							
For Men							Effective August 1							
sport shower gel	250ml	327-2671	17.19(12)	S	1.85	c	blood glucose test strips	50	305-8831	14.25	S	25.12	DT	a
NUMARK (Numark)							(VAT exempt for registered diabetics when presenting a GP letter)							
antiseptic cream	30g	262-3189	7.08(12)	S	1.29	r	TYLEX (UCB Pharma)							
cold sore cream	2g	110-0148	12.36(12)	S	3.49	P	(distributors UDG)							
(aciclovir 5% w/w)							(paracetamol 500mg, codeine 30mg, co-codamol )							
indigestion relief tablets	6	109-2220	8.88(12)	S	1.69	P	capsules	24	228-6680	1.92	S		POM,CDI	c
(ranitidine 75mg)								100	031-7586	8.01	S		POM,CDI	c
methylated spirit	500ml	001-3730	13.50(12)	S	1.99	a	effervescent tablets	90	219-4777	7.94	S		POM,CDI	c
mouthwash	300ml	109-8276	19.50(12)	S	3.49	POM,DT	capsules							
(chlorhexidine gluconate 0.2% w/v)							blister	8	240-7815	0.66	S		POM,CDHP	c
nasal decongestant	15ml	110-0114	10.20(12)	S	1.79	POM	ULTRASUN (Ultrasun)							
(oxymetazoline )							suncare							
anti-histamine							moutain formula							
syrup	150ml	110-0080	7.92(6)	S	3.29	PDT	pump lotion	50ml	287-9021	5.39	S	9.95		d
(chlorpheniramine														

	PIP code	Trade	VAT	Retail	
roll-on	60ml 287-9062	4.25	S	8.95	d
selttan					
pump lotion	100ml 287-9054	8.23	S	14.95	d
ultralip					
balm spl 15	15ml 287-9039	1.67	S	3.50	a
<b>VEGA</b> (Vega Nutritionals)					
<i>Effective September 1</i>					
<i>multivitamins &amp; minerals</i>					
spectrum junior					
chewable tablets	60 272-5513	.	S	8.69	
<b>VILEDA</b> (Vileda)					
(distributors The Miles Group)					
hygienic dish cloth	275-5262	7.48(12)	S	1.07	d
hygienic floor cloth	275-5213	11.59(15)	S	1.29	d
fresh comfort gloves		11.84(12)	S	1.79	
<i>small 275-5106, medium 275-5114, large 275-5122</i>					d
<b>VIRIDAL 10 DUO</b> (UCB Pharma)					
(distributors UDG)					
<i>(alprostadil 10mcg/ml)</i>					
continuation pack	2 244-2200	16.55	S	.. POM	c
starter pack	2 244-2176	20.13	S	POMHP	c
<b>VIRIDAL 20 DUO</b> (UCB Pharma)					
(distributors UDG)					
<i>(alprostadil 20mcg/ml)</i>					
continuation pack	2 244-2192	21.39	S	... POM	c
starter pack	2 244-2184	24.54	S	POMHP	c
<b>VIRIDAL 40 DUO</b> (UCB Pharma)					
(distributors UDG)					
<i>(alprostadil 40mcg/ml)</i>					
continuation pack	2 258-8937	27.22	S	POM	c
starter pack	2 258-8945	29.83	S	.. POMHP	c
<b>VOSENE</b> (Lornamead UK)					
kids 3-in-1					
headlice detangler spray	150ml 340-0066	11.46(6)	S	2.49	•
headlice shampoo & conditioner	250ml 340-0058	11.46(6)	S	2.49	•
<b>WAX-A-WAY</b> (Original Additions)					
peelable warm wax red berries	4011107 339-9961	30.60(6)	S	7.99	•
<b>WELLAND</b> (Chlmed)					
Vogue					
closed pouch					
shorter length					
<i>beige: starter hole VOG910 10mm 206-1984</i>					
<i>beige: pre-cut VOG925 25mm 206-1992</i>					a
<i>beige: pre-cut VOG929 29mm 253-9815</i>					a
<i>beige: pre-cut VOG932 32mm 206-2008</i>					a
<i>beige: pre-cut VOG935 35mm 253-9823</i>					a
<i>beige: pre-cut VOG938 38mm 206-2016</i>					a
<i>beige: pre-cut VOG944 44mm 206-2024</i>					a
<i>beige: pre-cut VOG951 51mm 206-2032</i>					a
<b>X4000</b> (Pain Ban )					
portable medical device	325-1923	339.90(6)	S	99.95	d
<i>( VAT exempt with a GP letter)</i>					
<b>ZINCOMED</b> (UCB Pharma)					
(distributors UDG)					
<i>(zinc sulphate 220mg)</i>					
capsules	30 022-2406	4.50	S	7.93	c
	250 000-4168	37.50	S	66.09	c

PIP code Trade VAT Retail

# Amendments to list of Generic Products

Symbols are •=new; i=insert; d=delete; c=change/correction

	PIP code	Trade	VAT	Retail		PIP code	Trade	VAT	Retail
<b>ALENDRONIC ACID</b> (Apotex) <i>(alendronic acid 70mg)</i>									
tablets	4	114-2728	3.33		POMDT	•			
<b>AMLODIPINE BESILATE</b> (Apotex) <i>(amlodipine besilate)</i>									
tablets 10mg	28	114-2710	1.23		POMDT	•			
tablets 50mg	28	114-2702	1.28		POMDT	•			
<b>CALCITRIOL</b> (Pliva Pharma) <i>(calcitriol)</i>									
<i>Effective July 21</i>									
capsules 0.25mcg	30	114-2595	...		POM	•			
capsules 0.25mcg	100	114-2603	...		POM	•			
capsules 0.5mcg	30	114-2611	...		POM	•			
capsules 0.5mcg	100	114-2629	...		POM	•			
<b>CITALOPRAM</b> (Apotex) <i>(citalopram)</i>									
tablets 1/c	28	114-2744	1.22		POMDT	•			
tablets 40mg	28	114-2736	1.86		POMDT	•			
<b>CO-CODAMOL</b> (Teva UK) <i>(co-codamol 30/500mg)</i>									
tablets effervescent	100	114-2314	14.52		POMDT	•			
<b>FINASTERIDE</b> (Apotex) <i>(finasteride 5mg)</i>									
tablets	28	114-2843	...		POMDT	•			
<b>GLICLAZIDE (NAZDOL MR)</b> (Generics UK) <i>(gliclazide 30mg)</i>									
tablets	28	114-2777			POM	•			
	56	114-2769			POMDT	•			
<b>LORMETAZEPAM</b> (Teva UK) <i>(lormetazepam 1mg)</i>									
tablets	30	114-2306	88.61		POMDT	•			
<b>PENTOXIFYLLINE</b> (Apotex) <i>(pentoxifylline 400mg)</i>									
tablets s/r	90	114-2751			POMDT	•			
<b>RISPERIDONE</b> (Generics UK) <i>(risperidone 1mg/ml)</i>									
oral solution	100ml	114-2694			POMDT	•			
<b>TAMSULOSIN</b> (Apotex) <i>(tamsulosin 400mcg)</i>									
tablets	30	114-2835			POMDT	•			
	100	114-2827			POM	•			

# Amendments to list of Manufacturers and Distributors

<b>Baxter Healthcare Ltd</b> (Code 1285) Wallingford Road Compton Newbury Berkshire RG20 7QW Tel: 01635 206000 Orders Tel: 01635 206060 Fax: 01635 206115 Email: surecall@baxter.com	c
<b>Mawdsley-Brooks &amp; Co</b> (Code 2250) PO Box 18 Chemiserve House East Ordsall Lane Salford M5 4RA Tel: 0161 833 9741 Fax: 0161 839 2351	c
<b>Pain Ban Ltd</b> (Code 1145) 6 Ryder Court Saxon Way East Oakley Hay Business Park Northampton Northamptonshire NN18 9NX Tel: 01536 747457 Fax: 0870 831 2514 Email: info@painban.co.uk	d
<b>PGR Health Foods Ltd</b> (Code 1328) P.O. Box 214 Hertford Hertfordshire SG14 2ZX Tel: 01992 581715 Fax: 01992 536594 Email: info@pgrhealthfoods.co.uk	i
<b>Sabre Supply Co Ltd</b> (Code 7016) 59 Berkshire Road Hackney London E9 5NB Tel: 020-8510 9510 Fax: 020-8510 9666 Email: sabre@sabresupply.co.uk	d
<b>Schwarz Pharma Ltd</b> (Code 6674) 5 Hercules Way Leavesden Park Watford Hertfordshire WD25 7GS Tel: 01923 684100 Email: commercial@schwarzpharma.co.uk	d
<b>Vileda Ltd</b> (Code 5660) Vileda House 1 Chichester Street Rochdale Lancashire OL16 2AX Tel: 01706 759597 Fax: 01706 350143	d
<b>Wild Child PTY</b> (Code 982) P O Box 8113 Nottingham Nottinghamshire NG2 7ZT Tel: 0115 922 5595 Fax: 0115 922 5557 Email: wildchild@wildchildonline.com	c





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